



Investigation of

Pandemic Influenza Vaccine Concerns and Disease Containment Messages

The Centers for Disease
Control and Prevention (CDC)

National Center for Immunization
and Respiratory Diseases

February 2008

**Investigation of Pandemic Influenza Vaccine Concerns and
Disease Containment Messages**

Focus Group Report

Conducted for

The Centers for Disease Control and Prevention,
National Center for Immunization and Respiratory Disease

by

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Table of Contents

| | |
|---|------------|
| Executive Summary | ii |
| Introduction | 1 |
| Research Design and Methods | 2 |
| Objectives | 2 |
| Design | 2 |
| Target Audience | 3 |
| Recruitment | 3 |
| Data Collection | 4 |
| Study Contributors | 5 |
| Other | 5 |
| Findings and Discussions | 6 |
| Level of Concern about Probable Delays in Vaccine Availability (VAC) | 6 |
| Nonpharmaceutical Interventions (NPI) | 11 |
| Risk-based Border Strategy (RBBS) | 17 |
| Social Distancing (SD) | 23 |
| Crosscutting Issues (CCs) | 29 |
| Conclusions | 35 |
| <hr/> | |
| Appendix A. Previous Message Testing Reports | A-1 |
| Appendix B. Screening Instrument | B-1 |
| Appendix C. Moderator’s Guide and Work Sheet | C-1 |
| Appendix D. Draft Messages Tested | D-1 |
| Appendix E. Study Contributor Contact Information | E-1 |
| Appendix F. Participant Information Sheet | F-1 |

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Executive Summary

The United States (U.S.) Department of Health and Human Services (HHS), through its Centers for Disease Control and Prevention (CDC) has prepared, and continues to prepare, materials to inform stakeholders about pandemic influenza and issues associated with it. A series of message testing activities conducted over the last three years provided an opportunity to gauge people's knowledge, attitudes, beliefs, and perceptions about a pandemic influenza vaccine and closely related pandemic influenza issues. The pandemic influenza containment messages, recently developed and tested during this study, were designed to assist operational efforts to slow the introduction and spread of disease in the U.S. prior to the availability of a pandemic influenza vaccine. These disease containment messages provide the public with information about public health actions that can assist with limiting and hopefully containing disease transmission in the population. By slowing the introduction and spread of the disease, the theory is that it may offer more time for the development of a vaccine. There are three sets of disease containment messages as follows that were tested: (1) nonpharmaceutical interventions (NPIs); (2) risk-based border strategy (RBBS); and (3) social distancing (SD).

Because these disease containment strategies will require extensive community support to be effective, a series of messages were developed to explain what the strategies are and how the strategies should work. Samples of the draft messages were concept tested with members of the general public. HHS/CDC's intent for this round of message testing was to maximize the effectiveness of the disease containment messages by better understanding the level of comprehension the public may have for these strategies. Additionally, the research into pandemic influenza communication issues sought to gauge the level of understanding and concern the public may have about not having a vaccine available immediately should pandemic influenza arrive in the U.S.

This research study was designed to assess participants' reactions to several draft messages about disease containment strategies. It was also designed to measure participants' levels of concern (regarding the unavailability of a pandemic influenza vaccine) before and after learning more information about recommended disease containment strategies. A major focus of the study was to gather feedback to improve the effectiveness of the communication materials as well as inform about vaccine policy. This research had two major objectives: (1) assess levels of concern of the public regarding probable delays in the availability of vaccine for pandemic influenza and (2) test draft communication messages, which are designed to be components of materials that will address NPIs. Of central interest was to determine comprehensibility, credibility, additional questions generated by the information, and unanticipated consequences of learning the information.

Eight mini-groups were conducted. There were 35 participants total. Each focus group lasted 60 minutes plus an informal question and answer period in which participants could ask questions of CDC subject matter experts. This study focused on the general public as its target audience located in or near San Francisco, California. San Francisco was selected because of its diverse population, which is in part influenced by being a major port of entry for immigrants and

*Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and
Disease Containment Messages*

visitors. The findings regarding vaccine availability (VAC), NPIs, RBBS, SD, and crosscutting issues (CCs) were as follows:

- Finding VAC1:** There may be statements within the NPI and RBBS draft messages that create a more heightened level of concern (or anxiety) for a public audience than the SD messages.
- Finding VAC2:** Participants' levels of concern about not having a vaccine available for the first several months of a pandemic often reflected either their current awareness about bird flu or their concerns about overall health issues.
- Finding VAC3:** There was confusion about the terms "antiviral" and "vaccine," what they do, and how they work.
- Finding NPI1:** Many participants felt the messages about using a mask as an NPI needed more clarification.
- Finding NPI2:** While participants suggested they trusted local government more than the federal government, there was a lack of interest and believability surrounding local conditions, government, and enforcement of the measures.
- Finding NPI3:** The term "nonpharmaceutical intervention" was not perceived positively.
- Finding RBBS1:** Many RBBS messages raised issues of legality, privacy, and personal freedom.
- Finding RBBS2:** There was a strong desire to know what would be required of travelers. Many participants desired language that was more instructive in nature.
- Finding RBBS3:** Illegal immigration, security, and protection of the border were issues of high concern.
- Finding RBBS4:** There was a lack of confidence that the process would be effective or that agencies would work together.
- Finding RBBS5:** There was a desire to know more about the quarantine stations. Many participants were surprised to learn that CDC officials are present at U.S. ports of entry.
- Finding SD1:** SD measures were generally perceived to be practical and reasonable, thus encouraging people that they could take action to protect themselves.
- Finding SD2:** The rationale behind voluntary home quarantine was unclear to several participants who were resistant to the idea of home quarantine because they did not understand it.
- Finding SD3:** A focus on altruism rather than individual protection may go unheeded without enforcement.
- Finding SD4:** Unexpectedly, the terms "social distancing" and "quarantine" *did not* elicit strong negative reactions during this series of focus groups.
- Finding CC1:** Desire for additional or more detailed information was high.

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

- Finding CC1:** Significant doubts were raised about the guidance given for how long to stockpile supplies, how long to stay home when ill, and the distance suggested as “close contact.”
- Finding CC3:** Some messages raised participants’ levels of concern without providing information that was considered reassuring. There remains a fine line between creating fear and informing the public.
- Finding CC4:** Messages about “common sense/common knowledge” actions were considered helpful as long as they were not stated in a patronizing tone.
- Finding CC5:** Indefinite words and phrases were generally perceived negatively. This often created a lack of credibility for the entire message.
- Finding CC6:** There remains a general lack of trust and credibility in government.
- Finding CC7:** The measures often raised questions about how realistic and effective they would be in protecting public health.

Current conditions pose substantial challenges regarding public education because pandemic influenza is not perceived by most as an imminent threat, but this could change rapidly. Even with time and changing levels of interest, similar issues emerge as important and affect the perceived acceptability of messages. As expected, all of the messages tested would benefit from modification, including those on social distancing. However, if resources and time are limited, the following table provides a summary of what messages should be prioritized first for revision, based on focus group feedback:

| Messages to Prioritize for Revision | |
|---|--|
| Messages that use the term NPI | Messages that use the term RBBS |
| Messages about face masks | Messages about how long to stockpile |
| Messages about how long to stay home when ill | Messages about close contact |
| Messages with indefinite terms (e.g., may, might, maybe, should, if possible) | Messages with vague terms (e.g., community groups, local and state health departments) |

Additionally, it will be helpful to increase language in all messages that demonstrates compassion, conviction, and optimism. This should be emphasized in both message development and spokesperson training.

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Introduction

Given the likely occurrence, possible consequences, and uncertainties of human pandemic influenza, the United States (U.S.) deems planning and preparedness to be a priority. Numerous efforts are in progress at the federal, state, tribal, and local levels. As part of its efforts, the U.S. Department of Health and Human Services (HHS), through its Centers for Disease Control and Prevention (CDC) has prepared, and continues to prepare, materials to inform stakeholders about pandemic influenza and issues associated with it.

A series of message testing activities conducted over the last three years provided an opportunity to gauge people's knowledge, attitudes, beliefs, and perceptions about a pandemic influenza vaccine and closely related pandemic influenza issues. Reports on all the message testing activities that were part of the overall effort are listed in Appendix A.

The pandemic influenza containment messages, recently developed and tested during this study, were designed to assist operational efforts to slow the spread of disease prior to the availability of a pandemic influenza vaccine. These disease containment messages provide the public with information about public health actions that can assist with limiting and hopefully containing disease transmission in the population. By slowing the spread of the disease, the theory is that it may maximize the impact of available vaccine supplies. There are three sets of disease containment messages as follows that were tested: (1) nonpharmaceutical interventions (NPIs); risk-based border strategy (RBBS); and social distancing (SD).

Since these disease containment strategies will require extensive community support to be effective, a series of communication messages were developed to explain what the strategies are and how the strategies should work. Samples of the draft messages were concept tested with members of the general public. HHS/CDC's intent for this round of message testing was to maximize the effectiveness of the disease containment messages by better understanding the level of public support for these strategies. An additional part of the research into pandemic influenza communication issues was to gauge the level of understanding and concern the public may have about not having a vaccine available immediately should pandemic influenza arrive in the U.S.

For this study, the Oak Ridge Institute for Science and Education (ORISE) provided technical assistance on study design, implementation, and reporting to HHS/CDC, specifically for the National Center for Immunization and Respiratory Diseases (NCIRD) National Immunization Program (NIP) in collaboration with the National Center for Preparedness, Detection and Control of Infectious Diseases (NCPDCID) Division of Global Migration and Quarantine (DGMQ).

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Research Design and Methods

This research study was designed to assess participants' reactions to several draft messages about disease containment strategies. It was also designed to measure each participant's level of concern regarding the unavailability of a pandemic influenza vaccine before and after learning more information about recommended disease containment strategies. A major focus of the study was to gather feedback to improve the effectiveness of the communication messages as well as inform about vaccine policy.

Objectives

This research had two major objectives as follows: (1) assess levels of concern of the public regarding probable delays in the availability of vaccine for pandemic influenza and (2) test draft communication messages addressing NPIs¹. Of central interest will be comprehensibility, credibility, additional questions generated by the information, and unanticipated consequences of learning the information.

Design

All focus group discussion sessions were conducted in English. Participants were screened for those comfortable conversing in English. Audio recordings of the sessions were made, but no session transcripts were prepared. Eight mini-groups were conducted. There were 35 participants total.

Each focus group lasted 60 minutes plus an informal question and answer period in which participants could ask questions of CDC subject matter experts (SMEs). The first 15 minutes of the focus group discussion sessions were used to introduce participants to the project, the facilitator, and each other, as well as to find out each participant's level of concern about the possibility that there could be a period of several months when pandemic influenza could be present and spreading rapidly while there is no vaccine available.

The next 30 minutes were spent reviewing and commenting on three to four sets of draft messages that were grouped into one of the following topics: NPIs, RBBS, and SD. The remaining 10 minutes were used to determine if participants changed in their levels of concern about not having a vaccine available. The focus groups ended with a discussion about why participants did or did not change their original answers. Following the formal focus group sessions a SME from CDC came into the room to answer questions the participants had after participating in the focus group discussion.

¹NPIs are those public health measures intended to slow the spread of pandemic influenza in the absence of vaccine. NPIs can also reasonably be expected to increase the effectiveness of immunization programs by slowing disease spread while the program is being implemented. *Note:* When the objectives were initially crafted, the focus was primarily on NPIs. Prior to conducting the focus groups, it was determined that it would be useful to divide the sample draft messages into three different areas: NPI, RBBS, and SD. This report will use the phrase "disease containment strategies" when talking about all three in general.

***Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and
Disease Containment Messages***

During the first day, participants spent about five minutes discussing characteristics of preferred and non-preferred information; however, this information proved unfruitful. This discussion of preferred and non-preferred information was dropped in later focus groups in favor of learning more about what the participants' "take-home" messages were.

Target Audience

This research focused on the general public located in or near San Francisco, California.

Recruitment

The market research facility used a screening instrument, which can be found in Appendix B, to recruit participants. Criteria for participants to be recruited included the following:

- All were at least 18 years of age.
- None of the participants worked in the media.
- None of the participants worked in a health-related field.
- None of the participants worked in an emergency preparedness or response field.
- None of the participants had participated in a market-research study within the last six months.
- Approximately half of the participants were to be female.
- The racial/ethnic mix of the participants was to roughly reflect the composition of the city.
- Approximately half the participants were to have completed a bachelor's degree or had additional formal education.

Recruiters generally conformed to the criteria specified, especially those criteria that were absolute (e.g., all were at least 18 years of age; none had worked in the media). It must be recognized that, with a maximum of 40 participants from the general public recruited, and the number of screening criteria, it was not possible to have a population of participants exactly reflecting all possible combinations of characteristics. Table 1 reflects the mix of participants. Table 2 shows how participants were assigned to the eight different focus group sessions.

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

Table 1. Participant Mix

| Audience Segment | | NPIs | RBBS | SD | Number of Participants |
|--------------------|--------------------|------|------|----|------------------------|
| Gender | Male | 6 | 6 | 4 | 16 |
| | Female | 7 | 8 | 4 | 19 |
| Ethnicity/ Race | Caucasian | 8 | 9 | 5 | 22 |
| | African-American | 2 | 3 | 1 | 6 |
| | Hispanic | 2 | 1 | 0 | 3 |
| | Asian | 0 | 1 | 2 | 3 |
| | Mixed | 1 | 0 | 0 | 1 |
| Education* | High School Degree | 6 | 7 | 3 | 16 |
| | College Degree | 7 | 6 | 4 | 17 |
| Age* | 18–34 | 3 | 3 | 2 | 8 |
| | 35–44 | 1 | 1 | 0 | 2 |
| | 45–54 | 3 | 1 | 1 | 5 |
| | 55–64 | 3 | 5 | 2 | 10 |
| | 65–69 | 3 | 3 | 2 | 8 |

*Education and age data for one participant each from focus groups 6 and 8 are not known.

Actual number of participants for the study = 35.

Table 2. Number of Participants per Focus Group

| Focus Group No./ Topic | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Total Participants | Total Focus groups |
|---------------------------|---|---|---|---|---|---|---|---|-----------------------|-----------------------|
| NPI Groups | 4 | - | - | 4 | - | - | 5 | - | 13 | 3 |
| RBBS Groups | - | 2 | - | - | 5 | - | - | 7 | 14 | 3 |
| SD Groups | - | - | 3 | - | - | 5 | - | - | 8 | 2 |

Data Collection

Data from the target audience were collected by means of discussion sessions that were recorded (audio only). Data were also gathered through work sheets. The focus groups were moderated by a professional facilitator who used a moderator’s guide (Appendix C). Additionally, sets of draft messages (Appendix D) were marked up by teams of two or three. Specifically, participants were asked to underline the words or phrases they found important and circle the items that were unclear. Some participants also wrote comments directly onto the draft message work sheets. After the participants reviewed the draft messages in teams, the moderator asked the participant teams to discuss their markups (both positive and negative) and to provide feedback for improvement and follow-up questions that came to mind.

The eight focus group discussion sessions were conducted at Schlesinger Associates market research facility in downtown San Francisco. While sessions were scheduled to last about 60 minutes, many participants often stayed 10–15 minutes longer for the question-and-answer

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

session with the CDC SMEs. The CDC SMEs remained available to participants to answer technical health-related questions that resulted from the discussion. The question-and-answer periods that occurred after the formal focus group discussion sessions were also audio taped.

San Francisco was selected as the location to hold the focus group sessions because it possesses several factors likely to provide residents with a greater sense of urgency regarding bird flu. The city is a major port of entry for immigrants, visitors, and cargo from Asia. Secondly, the city has a substantial population of Asian descent, with a substantial representation from several Asian countries. Thirdly, the August 2005 message-testing study, *A Qualitative Assessment of Selected Messages Addressing Pandemic Influenza*, referenced in Appendix A, identified a sense of urgency among some participants from San Francisco.

Study Contributors

The moderator and principal investigator for the study and focus group sessions was Richard R. Tardif, Ph.D., ORISE. The coprincipal investigator and author of the report was Nichole M. Urban, MPH, ORISE. The coauthor of the report was Michelle Schaur, MPH, ORISE. The principal investigator for CDC was Alan Janssen. Contact information for study contributors is included in Appendix E. Additional contributors to the study and report include the following:

- Mary Agocs, MD, CDC DGMQ
- Gabrielle Benenson, MPH, CDC DGMQ
- Clive Brown, MD, MPH, MSc, CDC DGMQ
- Janice Marton, MBA, CDC DGMQ Eagle Group International Contractor
- Jacquelyn Polder, BSN, MPH, CDC DGMQ
- William Schluter, MD, MSPH, CDC DGMQ
- Amanda McWhorter, MPH, CDC DGMQ Constella Group Contractor

Other

Participants received an information sheet prior to participation and a \$75 cash incentive. The information sheet that was distributed to participants is included in Appendix F. At the conclusion of each discussion group, participants turned in their completed vaccine concerns work sheets and markups of the draft messages. The draft messages reviewed by participants were sorted by topic to keep participants focused on a specific subject area (NPI, RBBS, and SD). The draft messages reviewed by participants are included in Appendix D.

Findings and Discussions

Levels of Concern about Probable Delays in Vaccine Availability (VAC)

Vaccine Concern Findings (VAC)

Finding VAC1: There may be messages within the NPI and RBBS draft messages that create a more heightened level of concern (or anxiety) for a public audience than the SD messages.

Discussion: While no conclusions can truly be extrapolated from the data, some interesting trends appeared between the different groups that reviewed draft messages and then rated their levels of concern again after receiving more information. A quick review of the trend may indicate that the SD messages proved most assuring to participants, while the RBBS messages had some elements that reassured while other elements created additional concern, and the NPI messages appeared to create the most concern.

All focus group participants were given background information about how a pandemic could occur. They were also told that there could be a period of several months when pandemic influenza is present and spreading rapidly while there would be no vaccine available. Participants were asked to rate on a scale of 1–10 how concerned they were about the situation. After rating their levels of concern, they were given three or four sets of draft messages, depending on what group they were in. Following a review of the draft messages, participants were asked again to rate their levels of concern about having no vaccine available while pandemic influenza was present and spreading rapidly. While qualitative research cannot be generalized in the same way as survey research, some interesting trends surfaced and have been included in the following tables.

Table 3 shows that the participants in the NPI groups rated their levels of concern as the same or increased after receiving the information. No participants decreased in their levels of concern.

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

Table 3. Participants’ Levels of Concern Before and After Reviewing the NPI Draft Messages

| SUMMARY—LEVEL OF CONCERN WORK SHEETS NPI Groups | Decreased | | Stayed the Same | Increased | |
|--|---|---|------------------------|------------------|---|
| | A review of the NPI groups’ level of concern work sheets regarding probable delays in the availability of vaccine showed in summary that no participants decreased, five participants stayed the same, and six participants increased in level of concern after reviewing the draft messages. The table at right has raw numbers. | - | - | 1 | 3 |
| - | | - | 5 | 4 | 7 |
| - | | - | 7 | 5.5 | 7 |
| - | | - | 8 | 4 | 8 |
| - | | - | 8 | 7 | 8 |
| - | | - | - | 8 | 9 |

Table 4 shows the most mixed response from participants. Some participants decreased in their levels of concern: however, many stayed the same in their level of concern, while more people increased in their levels of concern than decreased or stayed the same. The RBBS groups appeared to have the most participants that started off or ended with the highest level of concern.

Table 4. Participants’ Levels of Concern Before and After Reviewing the RBBS Draft Messages

| SUMMARY—LEVEL OF CONCERN WORK SHEETS RBBS Groups | Decreased | | Stayed the Same | Increased | |
|---|---|-----|------------------------|------------------|----|
| | A review of the RBBS groups’ level of concern work sheets regarding probable delays in the availability of vaccine showed in summary that three participants decreased, five stayed the same, and six increased in level of concern after reviewing the draft messages. The table at right has raw numbers. | 7.5 | 6.5 | 4 | 2 |
| 10 | | 7 | 6 | 5 | 6 |
| 10 | | 7 | 8 | 6 | 7 |
| - | | - | 8 | 8 | 7 |
| - | | - | 10 | 8 | 9 |
| - | | - | - | 9 | 10 |

Table 5 shows that no participants increased in their levels of concern, while most stayed the same and one decreased in level of concern. Of note, the SD draft messages were tested by fewer participants, but in general the participants who reviewed the SD draft messages appeared to be more reassured by the statements within the set of SD draft messages.

Table 5. Participants’ Levels of Concern Before and After Reviewing the SD Draft Messages

| SUMMARY—LEVEL OF CONCERN WORK SHEETS SD Groups | | | Stayed the Same | | Increased | |
|---|------------------|---|------------------------|--|------------------|---|
| | Decreased | | | | | |
| A review of the SD groups’ level of concern work sheets regarding probable delays in the availability of vaccine showed in summary that one participant decreased, three participants stayed the same, and no participants increased in level of concern after reviewing the draft messages. The table at right has raw numbers.* | 8 | 3 | 6 | | - | - |
| | - | - | 8 | | - | - |
| | - | - | 8 | | - | - |
| | - | - | - | | - | - |

*There were only two (rather than three) focus groups that reviewed the SD draft messages. Additionally focus group 3 (SD) participants did not fill out Level of Concern work sheets. This explains the lack of data in this category as compared with the other categories.

Finding VAC2: Participants’ levels of concern about not having a vaccine available for the first several months of a pandemic often reflected either their current awareness about bird flu or their general concerns about overall health issues.

Discussion: While there were inconsistencies in how participants rated their levels of concern, it often appeared that their levels of concern could be attributed to either awareness about bird flu or general concern about health-related issues. While some participants expressed some perceived knowledge about pandemic flu and its potential risks, by and large little awareness and even less knowledge of pandemic flu among participants was demonstrated in this series of message testing. This was also made clear when many expressed surprise and doubt that there was actually a Web site called <http://www.pandemicflu.gov>. No participant mentioned knowing about it, several doubted its existence, and others said that nobody would take the time to go to that kind of Web site. Several participants asked some form of the following question: Is pandemicflu.gov a real Web site?

Some quotes from participants expressing higher levels of concern about not having a vaccine available for the first several months of a pandemic included the following:

- *I’ve read about it [avian flu]. It sounds ominous. A doctor of prominence said he was fearful of it.*
- *I remember avian flu on the news a while back.*
- *This is going to impact the young, elderly, and sick the most; I’m worried because I’m getting older!*
- *What if Tamiflu doesn’t work?*
- *Health care workers may not be able to respond. What if they’re all sick?*
- *My job situation will put me at risk, I have regular contact with students, patients, and mentally ill and homeless people.*

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

- *I got Hong Kong flu and would have given anything for a shot.*
- *I am concerned because AIDS came to the U.S. from a flight attendant on an airplane.*
- *It bothers me that there is a lack of focus on preventing illness rather treating illness.*
- *This could be a serious situation, and I have no faith in government or a quick and easy answer.*
- *I am concerned about its ability to spread quickly because of how much people can travel around the world.*

Participants who expressed lower levels of concern cited as follows:

- *I have enough going on in my day-to-day life to worry about something so remote.*
- *It is outside my personal control.*
- *I have faith that the experts have it under control.*
- *I never gave the issue any thought before.*
- *I am not as worried because I've heard that it usually starts on the East Coast, so we will have time to prepare.*
- *Just because it is a pandemic does not mean it is deadly.*
- *It is simply not on my list. I only got flu twice in my lifetime and it wasn't that bad.*
- *I am not as concerned because I don't work outside of the home. I am also not working much with people.*
- *I'm focused on prevention and I'm generally healthy.*
- *It's not going to happen soon.*

Finding VAC3: There was confusion about the terms “antiviral” and “vaccine,” what they do, and how they work.

Discussion: Several participants seemed confused by the terms antiviral and vaccine; some participants used the terms interchangeably. It did not appear that everyone understood what a vaccine was. One hypothesis is that because the term antiviral has a “v” in the word and appeared closely in some messages with vaccine that some associated it with vaccines. Some participants also confused antiviral and antibacterial, thinking they were the same thing. For example, one participant demonstrated a lack of understanding between viruses and bacteria, thinking that the guidance in the draft message should be reworded to say that people should wash their hands with *antibacterial* soap and water.

Some people were familiar with the term “Tamiflu,” but the term Tamiflu was not necessarily associated with antiviral. Several participants used the term “flu shots” and seemed to understand that flu shots could be used to *treat* flu. It was suggested by one participant that people from different cultures may not be familiar with the idea that people can be vaccinated.

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

Some quotes from participants that demonstrate the confusion about the terms antiviral and vaccine include the following:

- *It says here that “antiviral drugs may be in short supply.” Is it the same as a vaccine?*
- *They put in two bullets [in the message being reviewed] for antiviral drugs and for vaccine. I need to know the difference between those two things and how they protect.*
- *What is the difference between antiviral drug and a vaccine, if any?*
- *Flu shots are available. We need to get people educated that it is offered. Many cultures have not been raised with the idea that folks can get vaccinated. The educational factor is a crucial aspect.*
- *I want more information about what to do if I’m sick and how it changes if you have had a vaccine.*
- *I’m not sold on the whole vaccine thing. I am more oriented toward prevention.*
- *I have heard that the current flu vaccine could provide a benefit.*
- *Shouldn’t it say “use antibacterial soap and hot water”?*

Nonpharmaceutical Interventions (NPIs)

Summary of Participant Reactions to the NPI Draft Messages

During the focus group sessions, participants were given a set of draft messages to review. Participants were instructed to underline words or phrases that they considered important. They were also instructed to circle words or phrases that they considered unclear or untrue. The following tables and discussions after each table summarize how the participants “marked up” the NPI draft messages.

Table 6. Participant Reactions to the NPI Question 1: “What are Nonpharmaceutical Interventions, or NPIs?” Messages

| Summary of Participant Reactions to the Draft Messages | | | |
|---|------------------|--|------------------|
| Messages Considered Important* | Frequency | Messages Considered Unclear or Untrue** | Frequency |
| <u>Limiting contact</u> between people is a form of NPI. | 3 | What are Nonpharmaceutical Interventions, or NPIs? | 1 |
| <u>Washing your hands and covering your cough or sneeze</u> is a NPI. | 5 | Limiting contact between people is a form of NPI. | 3 |
| <u>Wearing face masks</u> is also a Non-pharmaceutical Intervention. | 2 | Wearing face masks is also a Non-pharmaceutical Intervention. | 4 |
| Pandemic flu virus will <u>spread easily from person to person.</u> | 4 | Antiviral drugs may be in short supply. | 2 |
| Antiviral drugs may be in <u>short supply.</u> | 4 | It may take some time to make a vaccine against pandemic flu. | 3 |
| It may take <u>some time</u> to make a vaccine against pandemic flu. | 3 | Use planning tools on the web at www.pandemicflu.gov to learn more. | 4 |
| People can get the virus by <u>breathing after an ill person has coughed or sneezed.</u> | 4 | | |
| Using these <u>interventions</u> may slow the spread of the disease. | 3 | | |
| Use planning tools on the web at <u>www.pandemicflu.gov</u> to learn more. | 2 | | |
| *Some participants only underlined some of the words or phrases within each message. These words/phrases are noted with underlines. | | **Some participants only circled some of the words or phrases within each message. These words/phrases are noted with gray highlights. | |

Discussion: More detail was desired about “limiting contact.” The concept of “wearing face masks” was perceived by several as nonspecific information. The difference between an antiviral drug and vaccine was unclear for many participants. The phrase “short supply” often raised

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

social equity questions of who will get the antiviral drugs. Several participants questioned whether <http://www.pandemicflu.gov> was an existing Web site. One participant doubted whether people would “go this far” and visit the site because people are “lazy and want answers without questions.”

Table 7. Participant Reactions to the NPI Question 2: “How will I know when to start using Nonpharmaceutical Interventions, or NPIs?” Messages

| Summary of Participant Reactions to the Draft Messages | | | |
|---|------------------|--|------------------|
| Messages Considered Important* | Frequency | Messages Considered Unclear or Untrue** | Frequency |
| Information will be given on local <u>TV, radio, and in the newspaper.</u> | 4 | How will I know when to start using Nonpharmaceutical Interventions, or NPIs? | 1 |
| You can learn more by going to <u>www.pandemicflu.gov</u> or by calling 1-800-CDC-INFO. | 3 | Your local health official will give recommendations about what to do and when. | 1 |
| The pandemic will affect different <u>communities</u> at different times. | 1 | You can learn more by going to <u>www.pandemicflu.gov</u> or by calling 1-800-CDC-INFO. | 1 |
| Communities will <u>take action based upon what’s happening in their area.</u> | 1 | Contact your <u>local health department</u> for more information. | 4 |
| Local officials will have support of <u>state and federal officials.</u> | 1 | Decisions will be made based on <u>local conditions.</u> | 1 |
| Recommendations will be made to take actions early in the pandemic. | 1 | Communities will take action based upon what’s happening in their area. | 2 |
| The actions will be matched to what is needed. | 1 | Local officials will have support of state and federal officials. | 4 |
| More than one action may be recommended at a time. | 1 | Recommendations will be made to take actions early in the pandemic. | 2 |
| | | <u>More than one action may be recommended at a time.</u> | 4 |
| | | The actions will be matched to what is needed. | 2 |
| *Some participants only underlined some of the words or phrases within each message. These words/phrases are noted with underlines. | | **Some participants only circled some of the words or phrases within each message. These words/phrases are noted with gray highlights. | |

Discussion: One participant noted: “In the aftermath of Katrina, there was some distrust that state and federal officials will support the local officials.” Also, a participant doubted that the

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

local government *will give* recommendations. Several participants raised questions about who would be in charge. Additionally, one participant questioned whether the CDC hotline had the capacity to handle the volume of calls and whether its telephone number was on the Web site. Many participants wanted specifics about where or who to call... more than just call the “local health department.” One participant mentioned wanting specifics about “local conditions” that would affect decisions. Another participant wanted symptom information to be distributed by the media. The statements related to decisions being based on local conditions and NPIs being recommended depending on the situation were perceived by some as obvious or “duh” statements.

Table 8. Participant Reactions to the NPI Question 3: “What can I do now to prepare for Nonpharmaceutical Interventions, or NPIs?” Messages

| Summary of Participant Reactions to the Draft Messages | | | |
|---|------------------|--|------------------|
| Messages Considered Important* | Frequency | Messages Considered Unclear or Untrue** | Frequency |
| <u>Make plans</u> for you and your household members to stay at home. | 1 | You should stay home if you or your household members are sick. | 2 |
| You should stay home if you or your household members <u>are sick</u> . | 4 | How and where you work <u>may</u> change. | 1 |
| You may need to keep your children at home. | 1 | You <u>may</u> need to keep your children at home. | 2 |
| You should be <u>ready</u> to stay at home for at least 2 weeks. | 2 | You should be ready to stay at home for at least 2 weeks. | 2 |
| Stock up on food, water, any medicines you take, and basic health supplies. | 3 | Stock up on food, water, any medicines you take and basic health supplies. | 1 |
| Talk to your employer about how you can <u>work from home</u> . | 1 | Talk to schools about options for doing <u>school work</u> at home. | 2 |
| There are planning tools on the web at www.pandemicflu.gov . | 1 | Talk to your employer about how you can <u>work from home</u> . | 4 |
| Your <u>local or state health agency</u> also has <u>information</u> . | 2 | Your <u>local or state health agency</u> also has information. | 1 |
| Your employer and <u>community groups</u> may also have <u>information</u> . | 2 | Your <u>employer and community groups</u> may also have information. | 1 |
| *Some participants only underlined some of the words or phrases within each message. These words/phrases are noted with underlines. | | **Some participants only circled some of the words or phrases within each message. These words/phrases are noted with gray highlights. | |

Discussion: One participant commented “Why use the phrase NPI?” Many participants reacted negatively to words such as “should” and “may.” Several participants expressed a preference for

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

information on radio and television. “Local or state health agency” and “employer” and “community groups” were considered by several participants to be nonspecific sources of information.

Questions participants raised (on their marked up draft message work sheets) about keeping children at home from school included the following:

- *How long?*
- *Will there be home or computer-assisted schooling options?*
- *What percentage of households has a computer?*

The concepts of stockpiling and working from home raised many follow-on questions for participants such as the following:

- *What if you need water, drugs?*
- *What if you can't get an advance supply of medicines?*
- *Will people who can't work get paid?*
- *How serious is this that you must stay at home, but you still feel like working at home?*
- *If members in your family have it, are you to stay in because you don't want to spread it to others?*
- *For what sicknesses are we talking about here...will a regular cold be an excuse to stay home?*

Findings and Discussion (NPI)

Finding NPI1: Many participants felt the messages about using a mask as an NPI needed more clarification.

Discussion: Several participants mentioned having concerns about the message about face masks and respirator use. In general participants felt that the message should not just bring up the subject of face masks without giving more detailed information about what kind to use, how to use them, when to use them, and where to get them. The term face mask often brought up more questions and raised the level of severity in participants' minds rather than providing reassurance or answers. Some quotes about face masks from participants included the following:

- *I don't have a lot of faith in the face masks. Nothing keeps things out 100%.*
- *There is a lot of controversy about these masks in the media.*
- *A face mask may be too little. Nothing shows how it will prevent the virus.*
- *There are a lot of face masks out there. I need an adjective for the face mask, like "medically approved" face mask.*

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

- *I don't want a paragraph about face masks, but I want a clue...I don't want to go to a hardware store and get a painter's mask and think it will protect me. You may want to say that it "protects self and others."*
- *When the message brings up face masks it steps up the severity of the situation...I have images of SARS in China.*
- *The face mask, when would you wear one? It is an awkward thing.*
- *Wearing a face mask depends on the situation. It is unrealistic to wear a face mask all the time. It depends on how bad the pandemic is.*
- *You need to do a "sales job" about the effectiveness of face masks.*
- *I am just picturing a thin paper mask over your head...like this is going to protect me when everything is disintegrating?*

Finding NPI2: While participants suggested they trusted local government more than the federal government, there was a lack of interest and believability surrounding local conditions, government, and enforcement of the measures.

Discussion: There was a general distrust of government conveyed (also see crosscutting findings). Specifically, in relation to the NPI messages, doubts were raised about how well local government and the federal government would work together and if the local government would be supported by the state and federal government. Some participants felt that local government would not have the will or the means to do or enforce many of the things stated in the NPI messages. Participants also felt it was unrealistic that local government agencies would be able to respond to the enormous number of inquiries that participants anticipated they would receive. Some quotes that highlight the lack of interest and believability about what government (especially local government) could do are as follows:

- *Can this information be enforced? Enforcement is a big issue. I can see myself not following any of these directions since they won't be enforcing them.*
- *Local officials will have support of state and federal officials—I don't need to know this and don't care.*
- *Local officials will have support of state and federal officials—I doubt that, look at what happened with Hurricane Katrina.*
- *I would trust local health officials before the feds after New Orleans.*
- *I need specifics of who to contact at my local health department for information...it is important to talk to a real person when calling a hotline.*
- *I doubt this would work. Local health departments are so crippled with limited funds.*
- *I can't imagine that I could call someone at the local health department during this kind of major event. I can't get a hold of Medicare/Medicaid within three weeks.*

Finding NPI3: The term "nonpharmaceutical intervention" was not perceived positively.

Discussion: Nonpharmaceutical intervention and its acronym NPI made sense to most of the participants after thoroughly reviewing the draft messages. Most felt like they understood it at the end, but when further questioned many brought up the issue that the term was not clear, it seemed like jargon or government-speak, or it meant something completely different. Some participants felt that using the term was a way to make the measures seem like something more than they really were...which many called just "common sense." Others completely misinterpreted the term, relating it to nonprescription medications that could be purchased over the counter. Finally, one participant found it confusing because he uses the term NPI regularly for a different meaning. Following are some quotes from participants:

- *At first I was like what? But after a while I looked at it and put it together, but it was not clear cut right away.*
- *It [the term NPI] looks weird when you see NPI, you would have to really explain it.*
- *Nonpharmaceutical intervention is a mouthful; is it necessary? I have not previously heard of it before. It seems like it gives more weight to the precautions by "fancying it up." Overall, it seems like jargon.*
- *Why is there so much government-speak? Why does the public need to hear a word like nonpharmaceutical interventions?*
- *Why do we need to know the word nonpharmaceutical? Just use the word prevention.*
- *This [NPI] implies it is a drug anyone could use to buy over the counter. It seems like something you could just get on the street corner.*
- *Is there more to the word NPI? Are you trying to teach me the phrase or how to protect myself?*
- *I don't like it [the term NPI]; why don't you call it self-help or common sense?*
- *We use NPI numbers in the social work setting as a federal number. So I could confuse it with that.*

Risk-based Border Strategy (RBBS)

Summary of Participant Reactions to the Draft Messages

During the focus group sessions, participants were given a set of draft messages to review. Participants were instructed to underline words or phrases that they considered important. They were also instructed to circle words or phrases that they considered unclear or untrue. The following tables and discussions following each table summarize how the participants “marked up” the RBBS draft messages.

Table 9. Participant Reactions to the RBBS Question 1: “What is a risk-based border strategy?” Messages

| Summary of Participant Reactions to the Draft Messages | | | |
|---|------------------|--|------------------|
| Messages Considered Important* | Frequency | Messages Considered Unclear or Untrue** | Frequency |
| The goal is to identify arriving travelers who may be ill or <u>exposed</u> to someone who is ill. | 3 | The goal is to identify arriving travelers who may be ill or exposed to someone who is ill. | 4 |
| Government agencies will work together to follow these plans. | 1 | Government agencies will <u>work together</u> to follow these plans. | 2 |
| <u>Finding illness early</u> will help <u>slow the spread</u> into the U.S. | 3 | Finding illness early will help slow the spread into the U.S. | 1 |
| Screening may include answering questions about your travel, health and getting your <u>temperature checked</u> . | 2 | Screening may include <u>answering questions</u> about your travel, health and getting your <u>temperature checked</u> . | 2 |
| In some cases, <u>more screening</u> might be needed. | 1 | In some cases, more screening might be needed. | 2 |
| Ill travelers may be given <u>treatment</u> and people exposed will be given <u>preventive care</u> . | 5 | <u>Expect travel delays</u> and changes to your travel plans. | 2 |
| Go to www.pandemicflu.gov , www.dos.gov , or call 1-800-CDC-INFO. | 4 | If you are <u>sick</u> , do not plan to travel. | 1 |
| Expect travel delays and changes to your travel plans. | 1 | | |
| If you are sick, do not plan to travel. | 3 | | |
| *Some participants only underlined some of the words or phrases within each message. These words/phrases are noted with underlines. | | **Some participants only circled some of the words or phrases within each message. These words/phrases are noted with gray highlights. | |

Discussion: Many participants said they had privacy issues with screening and felt it infringed on personal freedoms. Some questioned whether the airline industry had the legal right to stop

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

passengers. A participant suggested that the idea of identifying arriving travelers who may be “exposed” to someone who is ill seemed vague and wanted to know how this would be done. One participant thought the phrase “ill travelers may be given treatment” suggested that there are alternatives and wondered “what else would happen?” Another participant thought the phrase “expect travel delays and changes to your travel plans” should be stronger and that travelers should “be prepared to be turned away.” One participant asked “How tightly will this be enforced?” and will it be “like airport and flight security now”? Some participants expressed doubts about government agencies being able to work together. With regard to the term “risk-based border strategy,” there was confusion about how this strategy would be turned on or off. The term also raised issues for some participants about illegal entry to the country and land-border immigration.

Table 10. Participant Reactions to the RBBS Question 2: “Do I have to comply with CDC’s request?” Messages

| Summary of Participant Reactions to the Draft Messages | | | |
|---|------------------|--|------------------|
| Messages Considered Important* | Frequency | Messages Considered Unclear or Untrue** | Frequency |
| Mandatory screening will protect you and your family. | 1 | Mandatory screening will protect you and your family. | 1 |
| This plan will help to <u>slow the spread</u> of a <u>pandemic</u> into the U.S. | 3 | This <u>plan</u> will help to slow the spread of a pandemic into the U.S. | 3 |
| This screening will identify people who are ill so they can get treatment. | 3 | This screening will identify people <u>who</u> are ill so they can get treatment. | 2 |
| <u>Finding illness early</u> will help slow the spread into our communities. | 5 | Finding illness early will help slow the spread into our <u>communities</u> . | 1 |
| <u>Cooperation</u> and patience will speed the process for everyone. | 4 | The strategy applies to all arriving <u>international travelers</u> . | 2 |
| All entry points into the U.S. will use this strategy. | 4 | Cooperation and patience will speed the process for everyone. | 2 |
| Your cooperation and positive attitude is appreciated. | 3 | <u>All entry points</u> into the U.S. will use this strategy. | 2 |
| Avoid traveling <u>if you can</u> or if you are ill. | 3 | Your cooperation and positive attitude is appreciated. | 1 |
| For more information, see www.pandemicflu.gov or call 1-800-CDC-INFO. | 4 | Plan for <u>delays</u> by bringing books or games to keep you occupied. | 3 |
| *Some participants only underlined some of the words or phrases within each message. These words/phrases are noted with underlines. | | **Some participants only circled some of the words or phrases within each message. These words/phrases are noted with gray highlights. | |

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

Discussion: One participant questioned whether “international travelers” applied to U.S. residents and nonresidents alike. Another participant wanted to know how the plan would slow the spread of the pandemic into the U.S. The phrase “avoid traveling *if you can*” appeared weak to some participants, suggesting that travelers would not be stopped at the border. One participant asked, "Is this mandatory?"

Table 11. Participant Reactions to the RBBS Question 3: “What is being done to keep pandemic flu and other infectious diseases from coming into the U.S.?” Messages

| Summary of Participant Reactions to the Draft Messages | | | |
|---|------------------|--|------------------|
| Messages Considered Important* | Frequency | Messages Considered Unclear or Untrue** | Frequency |
| Ports of entry are places where people <u>legally</u> enter the U.S. from other countries. | 5 | Ports of entry are places where people <u>legally</u> enter the U.S. from other countries. | 3 |
| The places where <u>health officers</u> work are known as quarantine stations. | 2 | The places where <u>health officers</u> work are known as <u>quarantine</u> stations. | 2 |
| <u>Quarantine stations</u> have many functions that <u>protect the public’s health</u> . | 2 | Quarantine stations have many functions that protect the <u>public’s</u> health. | 2 |
| CDC <u>can prevent</u> or <u>slow</u> the spread of disease by <u>identifying</u> and helping ill travelers. | 4 | CDC can <u>prevent</u> or <u>slow</u> the spread of disease by <u>identifying</u> and <u>helping ill</u> travelers. | 4 |
| Many partners at ports of entry <u>help</u> CDC to <u>identify</u> ill travelers. | 1 | Many <u>partners</u> at ports of entry help CDC to identify ill travelers. | 3 |
| CDC health officers have a <u>process</u> to decide if an ill traveler could make others ill. | 3 | CDC health <u>officers</u> have a process to <u>decide</u> if an <u>ill traveler</u> could make others ill. | 3 |
| There are <u>many factors</u> that will influence how CDC <u>screens for ill travelers</u> . | 4 | There are <u>many factors</u> that will influence how CDC screens for ill travelers. | 3 |
| We are constantly <u>improving</u> our process. | 3 | CDC has <u>stopped</u> and reduced the spread of diseases through the U.S. ports of entry. | 1 |
| CDC has stopped and <u>reduced</u> the spread of diseases through the <u>U.S. ports of entry</u> . | 3 | | |
| *Some participants only underlined some of the words or phrases within each message. These words/phrases are noted with underlines. | | **Some participants only circled some of the words or phrases within each message. These words/phrases are noted with gray highlights. | |

Discussion: One participant asked that some terms be identified or defined, such as quarantine. Another felt the existence of quarantine stations should be publicized. This participant said she never noticed them before and indicated that they lack visible signs. Additionally, a participant wondered if the response would be timely.

Findings and Discussion (RBBS)

Finding RBBS1: Many RBBS messages raised issues of legality, privacy, and personal freedom.

Discussion: Many participants expressed that they had privacy concerns with the RBBS and thought that the screening process infringed on personal freedoms. Some also questioned whether the airline industry and government have the authority and legal right to stop passengers. Several participants recognized that personal privacy protections have been compromised since the September 11, 2001, terrorist attacks and that there is a need for such compromises in public health emergencies. The following quotes further highlight some of these legal, privacy, and personal freedom concerns:

- *Who will reinstall rights after the crisis has passed?*
- *I am concerned about privacy, but public health emergencies may trump privacy.*
- *I am concerned about abuse of power with mandates.*
- *What is the legal authority to keep people from doing certain things?*
- *Will airlines have a legal right to screen and stop passengers? I recognize rights are different in the post 9/11 era.*
- *Some people will perceive this [RBBS] as interference with personal freedom and rights.*
- *I am thinking about personal freedom and believe there will be resistance to comply with screening. It's not society's problem, it's CDC's problem. Not everyone cares about the "greater society."*

Finding RBBS2: There was a strong desire to know what would be required of travelers. Many participants desired language that was more instructive in nature.

Discussion: Many participants wanted to know the specifics of what would be required of travelers during the screening process. Specifically, participants wanted to know: What factors will influence how CDC screens travelers? What questions might be asked during screening? What will determine if more screening is needed? What will happen if someone is found to be ill and unable to travel? There were also many references made expressing a desire for more directive language in the messages. The phrases "avoid traveling if you can," "ill travelers may be given treatment," and "expect travel delays and changes to your travel plans" were mentioned as needing to be rephrased in a more assertive way. Several comparisons were made to current travel restrictions post 9/11 and the need to make similar types of directives in the event of a

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

pandemic. The following quotes illustrate a desire for more directive language and information about what would be required of travelers:

- *I want to know more about what mandatory screening entails. I can buy it more if it is to slow the spread [of disease].*
- *Finding illness early will help slow the spread. What does that mean to me? I'm looking for some action. This doesn't indicate that there would be any action but sitting around a table like this while something is going on outside.*
- *Add "you cannot travel" and "you can be turned away." People travel and work when they shouldn't be.*
- *Do I have to comply? Is this mandatory? This is what we expect. This is being very nice, but it shouldn't allow for wiggle room. I do like that the strategy applies to everyone.*
- *"If you are traveling" and "if you are ill" should be taken out of here, because it allows for wiggle room.*
- *This needs to explain the screening process so people know what is going to happen to them. It's kind of like when the airlines provide information about what cannot be brought on board. Or during screening, everyone has to take their shoes off. It will be easier to get people to comply if they have the information about what they need to do.*

Finding RBBS3: Illegal immigration, security, and protection of the border were issues of high concern.

Discussion: For many, the concept of the RBBS was an issue of security and was related to preventing illegal immigration at the border. More specifically, the term risk-based border strategy created associations with homeland security measures, such as the Homeland Security Advisory System. Some participants found comfort in the phrase, "Ports of entry are places where people legally enter the U.S. from other countries." Some quotes that highlight this concern for illegal immigration, security, and border protection are as follows:

- *I am concerned with illegal immigrants entering the country.*
- *Security has to go up. This is just an extension of security.*

Finding RBBS4: There was a lack of confidence that the process would be effective or that agencies would work together.

Discussion: Skepticism that "government agencies will work together to follow these (RBBS) plans" and a general distrust of government were expressed. The credibility of the messages was hurt due to recent media coverage of events of public health concern. In particular, the Andrew Speaker case, which sparked a national debate on the effectiveness of quarantine authority and the failure of federal customs and border protection agents to stop the entry of a traveler with multidrug resistant tuberculosis, was repeatedly referenced. Participants recognized that the CDC screening process would not have the power to stop the spread of disease but would only be able

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

to slow it. The following quotes further highlight the lack of confidence in the process or that agencies would work together:

- *I need more specific information about the process and if it's for a good reason and worth the effort.*
- *I like to see government agencies work together but have doubts that it would happen in an effective way.*
- *I want to know who is doing this and who I can trust that is doing this.*
- *I don't have confidence in government agencies working together.*

Finding RBBS5: There was a desire to know more about the quarantine stations. Many found it hard to believe that CDC officials are present at ports of entry.

Discussion: It appeared that this was the first time that many people had heard about the existence of quarantine stations at ports of legal entry to the U.S. Some participants mentioned that they had never seen the stations and, thus, doubted their existence. Participants asked for definition of terms such as “quarantine” and “quarantine station.” One participant even suggested that quarantine stations should be better publicized and that there should be more visible signage. The following quotes exemplify participants’ desire to know more about quarantine stations:

- *Stations are there, quarantine centers are there, but how do they identify them and how many people slip through the cracks? How about people in cars and other places?*
- *To really be effective you need more people doing this work and see them out there. I want more information to see that this really is being enforced.*
- *How do the quarantine stations really function? I've never seen quarantine officers.*
- *How is quarantine going to work? What's the process and how are you going to avoid creating panic? What are you going to do with the people?*

Social Distancing (SD)

Summary of Participant Reactions to the Draft Messages

During the focus group sessions, participants were given a set of draft messages to review. Participants were instructed to underline words or phrases that they considered important. They were also instructed to circle words or phrases that they considered unclear or untrue. The following tables and discussions following each table summarize how the participants “marked up” the SD draft messages.

Table 12. Participant Reactions to the SD Question 1: “What is social distancing?” Messages

| Summary of Participant Reactions to the Draft Messages | | | |
|---|-----------------------|--|------------------|
| Messages Considered Important* | Frequenc y | Messages Considered Unclear or Untrue** | Frequency |
| Flu spreads mostly though close contact with other people. | 2 | Flu spreads mostly though close contact with other people. | 2 |
| Drops from coughs and sneezes carry flu germs. | 3 | Close contact means being within six feet of another person. | 2 |
| Wash your hands often with soap and water. | 4 | Stay at home if someone in the household is ill. | 2 |
| Use an alcohol-based hand cleaner if soap and water are not available. | 4 | Avoid crowded places and large gatherings as much as possible. | 1 |
| Cover your coughs and sneezes. | 4 | | |
| Stay home if you are ill. | 4 | | |
| Stay home if someone in the household is ill. | 2 | | |
| <u>Avoid crowded places</u> and large gatherings as much as possible. | 4 | | |
| *Some participants only underlined some of the words or phrases within each message. These words/phrases are noted with underlines. | | **Some participants only circled some of the words or phrases within each message. These words/phrases are noted with gray highlights. | |

Discussion: The following questions were raised by participants who reviewed this fact sheet:

- *Once a person contracts the disease, will they recover 100%?*
- *How does one commute to work if not in a crowded vehicle?*
- *What about phones, doorknobs, and handrails?*
- *Should it be antibacterial soap and hot water?*

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

Table 13. Participant Reactions to the SD Question 2: How do I use social distancing?" Messages

| Summary of Participant Reactions to the Draft Messages | | | |
|---|------------------|--|------------------|
| Messages Considered Important* | Frequency | Messages Considered Unclear or Untrue** | Frequency |
| <u>Limit close contact</u> with other people as much as possible. | 4 | Limit close contact with other people as much as possible. | 1 |
| <u>Find other ways (email, phone)</u> to stay connected to people. | 5 | Talk to your employer about working from home. | 1 |
| <u>Wear a face mask</u> when in crowded settings. | 3 | Plan to work, study, worship, and play differently. | 2 |
| Stop going to locations and events where people gather. | 3 | Stay at home to limit contact with others. | 1 |
| Talk to your employer about working from home. | 3 | If possible, <u>stay in one room in your home</u> . | 2 |
| Plan to work, study, worship, and play differently. | 3 | Cover your coughs and sneezes. | 1 |
| Stay at home to limit contact with others. | 2 | | |
| If possible, stay in one room in your home. | 1 | | |
| Cover your coughs and sneezes. | 5 | | |
| *Some participants only underlined some of the words or phrases within each message. These words/phrases are noted with underlines. | | **Some participants only circled some of the words or phrases within each message. These words/phrases are noted with gray highlights. | |

Discussion: When reviewing this set of messages, one participant indicated it was important to avoid public panic and overreaction. Another participant suggested a “color alert” system (similar to that used by U.S. Department of Homeland Security for flying) to alert people to when they should wear face masks would be helpful. Many participants thought it was unreasonable to “stay in one room in your house.” One participant recognized that staying at home was a form of quarantine.

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

Table 14. Participant Reactions to the SD Question 3: “Will schools and daycare centers have to dismiss children?” Messages

| Summary of Participant Reactions to the Draft Messages | | | |
|---|------------------|--|------------------|
| Messages Considered Important* | Frequency | Messages Considered Unclear or Untrue** | Frequency |
| Closing centers and dismissing schools may help slow the spread of disease. | 4 | Closing centers and dismissing schools may help slow the spread of disease. | 1 |
| Schools are crowded places, and children are in close contact. | 5 | Schools, day care centers, and after school programs <u>can plan now</u> for dismissals and closures. | 1 |
| Children are more likely to become ill and spread disease. | 5 | Talk to your children’s teachers about resources that are available. | 2 |
| Schools, day care centers, and after school programs <u>can plan now</u> for dismissals and closures. | 1 | Use planning guides on www.pandemicflu.gov . | 1 |
| Develop study plans for students to continue learning at home. | 3 | Collect books, toys, and other items to entertain children at home. | 2 |
| Talk to your children’s teachers about resources that are available. | 3 | | |
| Use planning guides on www.pandemicflu.gov . | 3 | | |
| Talk to schools, day care centers, and after school programs about their plans. | 5 | | |
| Collect books, toys, and other items to entertain children at home. | 2 | | |
| Have current contact information for school teachers and officials available. | 5 | | |
| *Some participants only underlined some of the words or phrases within each message. These words/phrases are noted with underlines. | | **Some participants only circled some of the words or phrases within each message. These words/phrases are noted with gray highlights. | |

Discussion: Two participants said “all [messages are] important” about the entire fact sheet. One participant indicated that using Internet and Web cameras would be important during school closings. Another participant thought health education would be important since some people don’t wash their hands. The following questions were raised:

- *Is it premature to close schools?*
- *Will there be a need to sterilize borrowed items?*
- *What is the estimated duration of school closings?*

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

Table 15. Participant Reactions to the SD Question 4: “Why will home quarantine be used?” Messages

| Summary of Participant Reactions to the Draft Messages | | | |
|--|-----------|---|-----------|
| Messages Considered Important* | Frequency | Messages Considered Unclear or Untrue* | Frequency |
| You might spread the virus even if you feel well. | 1 | Staying home if someone you live with has the flu will help slow the spread of the virus. | 1 |
| Health authorities might check with you and your family. | 1 | You might spread the virus even if you feel well. | 2 |
| Stock two weeks of extra food, medicine, and water. | 2 | By staying home, you can help others stay healthy. | 3 |
| Make plans now with your work and schools. | 1 | Even if you feel well, you may become sick. | 2 |
| | | If someone you live with has flu, stay home. | 2 |
| | | Plan to stay home 7–10 days. | 2 |
| | | Health authorities might check with you and your family. | 1 |
| | | You may get medicine even if you feel well. | 2 |

*Some participants only circled some of the words or phrases within each message. These words/phrases are noted with gray highlights.

Discussion: When reviewing this set of messages, one participant wondered if it was a request or an order to stay home. Another participant remarked, “Even if we feel okay, and we still need to be treated, this is unreasonable, unless the treatment is a vaccine.” Additionally, a participant thought the stockpiling message could create panic and a “run on supplies in stores.” Finally, one participant asked, “Why is 7–10 days the magic number? What about 2–3 weeks?”

Findings and Discussion (SD)

Finding SD1: SD measures appeared to be practical and reasonable, thus encouraging the people that they could take action to protect themselves.

Discussion: Participants liked actions and specifics about how they could help themselves, such as covering coughs and sneezes because their droplets carry germs. In general, messages were viewed favorably when they were simple, to the point, and told people what to do and the rationale behind the measure. The phrasing often aided participants' determination as to whether a measure was reasonable or not. Some quotes offered by participants include the following:

- *Drops from coughs or sneezes, cover coughs and sneezes, use alcohol-based hand cleaner if soap and water [are] not available...these are all extremely important.*
- *All of these things are important, I didn't circle anything.*
- *If you are sick, stay home; that's important.*
- *Schools are crowded places; children are likely to be ill, it is important to reiterate this.*
- *I like the idea of planning now and developing study plans, etc.*
- *Everything here is good.*

Finding SD2: The rationale behind voluntary home quarantine was unclear to several participants who were resistant to the idea of home quarantine because they did not understand it.

Discussion: The information about home or voluntary quarantine was the one that raised the most substantial doubts and questions among the selection of SD draft messages. Participants questioned why people should plan to stay home 7–10 days. One participant wondered if this meant that the pandemic would only last 10 days. Some participants felt that it was unfair or risky to have to stay home with someone else who was sick, such as a roommate. One participant suggested that the government should have a place where sick people could be dropped off and cared for so that they would not get the rest of the household or school ill and other household members could continue to work. Additionally, there was a lack of clarity about keeping an ill person in one room. The sickroom concept was not clear to many participants.

- *It is unreasonable that people should stay in one room of your house.*
- *I don't understand about "should stay home."*
- *This says "stay home in one room"—I want more information about quarantine.*
- *You can't leave young children at home. The government should have a center to drop off sick children.*
- *Is this a request or an order? Are they commands?*

Finding SD3: A focus on altruism rather than individual protection may go unheeded without enforcement.

Discussion: The theme of personal protection emerged as it did in previous message testing efforts. Several participants had concerns about the messages on staying home if someone you live with has the flu. Almost universally participants did not like the statement: “By staying home, you can help others stay healthy.” One participant suggested that it was “not about altruism, it was about keeping yourself safe.” Another participant suggested that he/she did not want to stay at home with another sick person and risk getting sick too. Messages that emphasized doing something for the public’s health did not resonate as well with participants as doing something to protect yourself. Again, the Andrew Speaker case was brought up by participants as an example of how people are going to do what they want to do, regardless of if it would cause someone else to become ill. As in other message testing efforts, the term “mandatory” was considered positive and was associated with enforcement. Some quotes that highlight these issues are as follows:

- *Not everyone cares about greater society.*
- *You should stay at home if you are sick, but if my roommate is sick I don’t want [him/her] to stay at home with us. [He/She] shouldn’t be at home mingling with us. What about protecting ourselves from getting sick?*
- *People travel and work when they shouldn’t be.*

Finding SD4: Unexpectedly, the terms social distancing and quarantine *did not* elicit strong negative reactions during this series of focus groups.

Discussion: Most participants expressed an understanding of what the terms social distancing and quarantine meant. No participants expressed any strong negative sentiment toward either term, unlike some of the other terms presented to other groups (terms like nonpharmaceutical interventions or risk-based border strategy). Participants did not suggest that the terms were unclear, unreasonable, or jargon. Interestingly, throughout all of the focus groups (even the ones that were not specifically on the SD messages) several participants recognized messages as meaning quarantine even when the term was not used. When asked what the series of SD messages were about, the “take-home messages” many participants came up with were the following:

- *Be prepared and act accordingly.*
- *If you are sick, stay home.*
- *Be educated, get the information you need to stay healthy.*
- *If you have to go out, distance yourself from others.*

Crosscutting Issues (CCs)

Findings and Discussion (CC)

Finding CC1: Desire for additional or more detailed information was high.

Discussion: As with most of the previous message testing efforts, participants regularly expressed an interest in learning more information. Additionally, participants were very favorable towards

- having information before it happens
- having factual and concrete information that was supported by science
- unambiguous statements
- information that defined new terms
- information that explained why and how things worked
- clear directive statements about what people should do

Participants almost universally liked the Web site and telephone number information. However, many did not necessarily believe that there really was a Web site called <http://www.pandemicflu.gov>. (Quote: “Is www.pandemicflu.gov a real Web site?”) One participant suggested that people would be too lazy to go to a Web site and would just want all the information to be given to them directly. Some participants expressed concerns that there would be a lot of people who may not have access to a computer and that they were the kind of people that may most need to learn the new information. In regard to the telephone hotline, one participant noted that, while 1-800-CDC-INFO was easy to remember, it would be more helpful to have the numbers printed next to the words so people would not have to translate the words to numbers when dialing.

Ultimately, many participants still mentioned that they preferred to receive more information and updates by television, radio, and newspapers. One participant also mentioned the value of using foreign language press, radio stations, and television channels to reach out to ethnic populations. Following are some quotes from participants that demonstrate the level of importance they gave to messages about where to get more information:

- *The Web site is all that I need to know, all else is not important.*
- *The Web site is all the information needed.*
- *It is important that there will be information on TV, radio, and newspapers, since not everyone has computers.*
- *Phone number, information on TV, radio, and newspaper is good, but don't link letters in the phone number, give us the numbers as well.*

Finding CC2: Significant doubts were raised about the guidance given for how long to stockpile, how long to stay home when ill, and the distance suggested as close contact.

Discussion: Many participants questioned the guidance given about how long to stockpile (two weeks). Several felt the period of time was arbitrary and likely not long enough. This was the same problem with the guidance about staying home when ill for at least 7–10 days. Some participants felt like this might not even be long enough for seasonal flu, let alone something that could be more severe, as could be expected with a pandemic influenza strain. As mentioned earlier, one participant interpreted the guidance to mean that the pandemic would only last for 10 days.

The issue about close contact being anything within six feet of another person seemed, to some participants, to be unclear or unsupported. Others just felt this was unrealistic when living in a city and having to commute or even just being at home or at work. Overall, many participants felt that there needed to be more clarification on the reasoning behind the numbers given in the guidance (whether the numbers related to the amount of time to stockpile or the amount of distance to maintain from others). The following quotes serve to further underscore this finding:

- *There would be economic disintegration. Two weeks is just not going to be enough.*
- *People will need more than just two weeks of supplies stockpiled.*
- *I got stuck on the two weeks thing too. I don't buy it. Flu season is so long already as it is. Why not three weeks, why not one week.*
- *Where does the two week thing come from?*
- *Could it be more than two weeks?*
- *Be ready to stay at home for two weeks...when?*
- *Plan to stay home 7–10 days. Why that number instead of 10–14 days?*
- *This is vague about the six feet thing. The close contact thing is confusing.*
- *What exactly are we talking about [limiting contact]? Does this mean no public transportation and no public events?*
- *I am unclear about "close contact means being within six feet of another person." How does one commute to work if not in a crowded vehicle?*

Finding CC3: Some messages raised participants' levels of concern without providing information that was considered reassuring. There remains a fine line between creating fear and informing the public.

Discussion: Some participants expressed concern about the timing and the way that the information would be disseminated. Some significantly increased in their levels of concern just after learning more about the issue through the focus groups. One participant stated, "My awareness level didn't go up, but my concern level went up. I am concerned that this information isn't reassuring." Some participants expressed some irrational thinking themselves, while others

***Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and
Disease Containment Messages***

feared that the issue could be sensationalized and “create panic and a run on supplies in stores.” Many participants were keenly aware that if the information was conveyed too soon without anything happening it could also create a lack of credibility. However, one participant offered that communication could be done right if you look back in history to see how things were done then. This participant suggested that the polio outbreak did not seem to create undue panic with the public. Some additional quotes that emphasize the importance of communication in creating calm or panic include the following:

- *Panic can be caused by media to the point that they [the public] are overconcerned. It is important not to frighten people but keep them informed.*
- *All of these things are telling me if I walk out there, I’m going to die. It makes me want to stay in one room of my house!*
- *This suggests we should collect books and other items to entertain children at home...do you need to sterilize books from the library?*
- *I am old enough to remember when polio vaccine was given in sugar cubes and we had to go to schools. It didn’t cause a panic and everyone knew they had to have it done. It seems like whatever was done back then could work now. It didn’t seem like everyone was panicked then.*

Finding CC4: Messages about common knowledge actions were considered helpful as long as they were not stated in a patronizing tone.

Discussion: In general, simple and common knowledge messages were viewed as positive. Reiteration and reinforcement of such messages were considered important. Participants recognized that what might be common knowledge for one person might not be common knowledge or habitual actions for others. However, in reiterating common knowledge messages, there was an identified need to avoid a patronizing tone or talking down to people. Explaining how this knowledge applies to pandemic influenza in contrast to everyday life might also increase receptiveness to these messages. Some quotes that accentuate this reaction to common knowledge messages are as follows:

- *This states the obvious and it seems like it is talking down to the reader. Many of these statements seem very obvious.*
- *This is common sense. Nothing new. There are no new solutions here.*
- *Everything is all very common sense, but it is okay to hear common sense.*
- *Washing your hands is key. It is probably something that needs to be reinforced. This may not be important to everybody, because you can’t be sure that everyone is going to do it. Those little notes in the bathrooms may seem like, “duh,” but, while for some people it is common sense, it still needs to be reinforced.*
- *I teach hospitality management at a hotel and have learned that you can’t teach common sense. Common sense says that putting your hand over your mouth is what you should do. So, of course, it is always okay to remind people about common sense things.*

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

- *This is good information, it is common sense stuff. I think it is okay to remind people and let them know the best thing is to keep from spreading germs and not get germs in the first place.*
- *Even if it is common sense to wash hands, it is important to remind people. You know a lot of people just wash three fingers or don't wash at all when they go to the bathroom. So it is a good reminder.*
- *I don't see anything that will help prevent the pandemic virus because all that is shown is already something that people do habitually every day.*

Finding CC5: Indefinite words and phrases were generally perceived negatively. This often created a lack of credibility for the entire message.

Discussion: In general, factual, unambiguous, direct messages were perceived as positive. Participants wanted to know the facts and reality of the situation. They also want to hear the specifics of what to do and what to expect. Messages conveying uncertainty were associated with the government's response to Hurricane Katrina and resulting public criticisms. One participant said that many of the "wobble words" created a lack of trust and credibility in the messenger. The following table includes some of the indefinite words or phrases that participants particularly viewed negatively:

| Unclear or Indefinite Terms or Phrases | |
|---|---|
| Should | Some time |
| May | Limiting contact |
| Might | Employer |
| Maybe | Community groups |
| If possible | Local and state health agencies/departments |

Although there was some concern in the resulting loss of personal freedom and privacy, a preference for mandates and directives was apparent to ensure compliance among the general public. Some quotes that highlight this need for definitive language and directives are as follows:

- *I don't understand about "should I stay home." You should stay home. Change tone to say, stay at home. Make it more directive.*
- *Your work may change. Say it like you mean it. Don't just give options I can ignore.*
- *It almost seems like the person who wrote this isn't sure what will happen. That means you are telling me something that I don't necessarily trust that you really know.*
- *This reflects uncertainty...Everyone will think of Katrina. There is a credibility issue.*
- *This is vague and milder than reality. "It may take some time to make a vaccine"; I would prefer [the message to provide] a range of time.*

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

- *What exactly are we talking about [limiting contact]? There will be no public transportation or events?*
- *“Community groups” is vague; I need specifics of who to call.*
- *In these statements [about RBBS] add you cannot travel and you can be turned away.*
- *Do I have to comply? Make it mandatory. This is what we expect. We are being nice, but this shouldn’t allow for wiggle room. I like that the strategy applies to everyone.*
- *“If you are travelling and you are ill” should be taken out. It allows for wiggle room.*

Finding CC6: There remains a general lack of trust and credibility in government.

Discussion: There was a general distrust of government conveyed. The credibility of the messages may be questioned when the receiver feels that there are different stories being conveyed in the media about bird flu, there are questions of who is in charge of the situation, or whether the government can be trusted to tell the truth. Several participants also raised questions about what kind of authority the government would use to enforce the measures prescribed and the legal ramifications of the measures. There were also doubts raised about how well local government and the federal government would work together. The Andrew Speaker case was raised in the NPI as well as the RBBS groups. Some participants did not believe that the local government would be supported by the state and federal government. Hurricane Katrina was raised as a case in point on several occasions. Following are quotes that highlight the issue of government credibility:

- *Every time I hear about the bird flu I hear a different story.*
- *There is a lack of trust in institutions and the government. I don’t have faith in government.*
- *Who would be in charge?*
- *My natural reaction is skepticism, I mean, consider the issue with the guy on the plane.*
- *I like to see government agencies work together, but I have doubts that it would happen in an effective way.*
- *How much authority do you want the government to assume during this [pandemic]?*
- *I’m concerned about abuse of power with mandates.*
- *The government lied about Iraq and weapons of mass destruction.*
- *Public health officials lied during 9/11 about the area being safe.*
- *Local officials will have support of state and federal officials— I doubt it because of Hurricane Katrina.*
- *This doesn’t indicate that there would be any action but just a bunch of officials sitting around a table like this while something is going on outside.*

Finding CC7: The measures often raised questions about how realistic and effective they would be in protecting public health.

Discussion: Working from home, staying at home, keeping your distance or limiting contact, wearing face masks, closing schools, having children do school work at home, cancelling public transportation and gatherings, and stockpiling prescription medications did not seem feasible or realistic to several participants. Participants expressed concerns about the fact that not everyone could work from home. Also mentioned was that it is countercultural in this country to stay home when sick because many people still go in to work and send their children to school even when they are ill. In regard to stockpiling medications, participants raised the issue that it goes against insurance policy restrictions. It was mentioned that businesses, schools, local governments, and insurance companies would have to support these measures and, if they did not, the measures would not work. The following quotes further highlight these concerns:

- *Do all people have the capability to work from home?*
- *What about the people who can't afford not to go to work?*
- *Working from home is not realistic for some; it can only work if your job is computer based.*
- *The problem in our society is that people are not compensated when they are sick. People won't stay home sick. It's a culture. It's a mind-set that you have to get your job done. I am a teacher and I'll just wash my hands and keep my distance and go to school sick. I won't just call them and tell the kids not to come in.*
- *Options for doing school work at home is easier said than done.*
- *You can't realistically stockpile medicines because of insurance restrictions.*
- *Limiting contact [with people] is not realistic. It opens up questions about quarantine.*
- *This is not realistic. You would need to get employers to buy into this. Not everyone can work from home.*
- *To make it work you will need employers and the schools on board.*
- *Cutting contact off is not such a bad thing to think about even if it isn't really realistic.*
- *Wearing a face mask depends on the situation. It's unrealistic to wear a face mask all the time. I guess it depends how bad the pandemic is.*

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Conclusions

Vaccine Concerns

Conclusion 1: There may be a need to increase people's awareness of the risks and characteristics of avian influenza and pandemic influenza. This may not be critical currently, unless a significant change occurs in the virus' transmission abroad that would make the issue more newsworthy again.

Conclusion 2: The terms "antiviral drug" and "antiviral medicine" should be further tested. It would be helpful to explore alternative language that would be more intuitive for the public to understand. Additionally it may be useful to test and further explore the term "vaccine" and seek definitions or language that specifies the difference between seasonal and pandemic flu vaccine.

Conclusion 3: The public may need more education about the benefits and disadvantages of using antibacterial soap. In current messaging, it may be helpful to emphasize that people use hand sanitizer because it kills everything, not just bacteria, like antibacterial soap does. More messages about the importance and effectiveness of hand washing with water and soap and using hand sanitizer will be helpful even in seasonal influenza education campaigns.

Nonpharmaceutical Interventions (NPIs)

Conclusion 4: Previously developed mask messages and guidance should be reviewed, including the original mask message series dated April 2007. When revising disease containment messages that reference face masks, it may help to include links to mask messages that further address anticipated face mask questions from the public. Images and specific terms (like Food and Drug Administration approved face masks and respirators) should be used when communicating about face masks.

Conclusion 5: Creating customizable frequently asked questions (FAQs) about pandemic influenza and avian influenza draft messages that local health agencies could use and distribute to local media outlets would be helpful since most local agencies will not have the means to set up and staff local hotlines. The FAQs and answers could be recorded for the hotline. This is also important because of the higher level of credibility that local government has over state and federal government in the public's mind. *Note:* In previous message testing efforts, the CDC credibility was generally rated as high. CDC's credibility was not addressed by participants in this series of message testing.

Conclusion 6: Definitions for NPIs should be tested with the public to determine a simple term or set of terms the general public could understand. Several alternative simple terms could be provided to see if any given terms resonate more with the audience. The audience could be further probed to suggest some alternative terms that could be used for the measures. NPI does not need to be removed from health and scientific literature; however, it may help to remove it from public messaging since it can come across as "government-speak."

Risk-based Border Strategy (RBBS)

Conclusion 7: Being sensitive and honest in messaging with the public about how these measures relate to personal security and may temporarily infringe on personal freedoms that are considered dear and inalienable to every American citizen is critical to incorporate into a communication campaign. It would be helpful to do this early and consistently throughout all communications about disease control measures above and beyond just the RBBS messages.

Conclusion 8: Use direct, instructive, and authoritative language, removing indefinite terms and phrases from the messages.

Conclusion 9: Promote, publicize, and make more visible the quarantine stations' processes, people, and capabilities at the ports of entry that have full-time CDC staff members.

Social Distancing (SD)

Conclusion 10: Continue emphasizing the importance of taking practical steps to decrease risks of becoming infected with pandemic influenza. People appreciate being reminded of simple measures that can make a “world of difference.”

Conclusion 11: Messages may benefit from a focus on how actions will protect individuals as opposed to protecting society, public health, or others, unless enforcement information is conveyed concurrently.

Crosscutting Issues

Conclusion 12: While all messages may benefit from revision, the order of priority for message revision should be based on the amount of questions and levels of concern raised during message testing. This series of message testing would suggest the order to be: (1) NPI messages; (2) RBBS messages; and (3) SD messages. “Early, targeted, and layered” messages could also be tested along with a second round of testing on some revised NPI and RBBS messages.

Conclusion 13: Publicize success stories and hidden processes that occur every day to protect the public and keep them safe. Ensure that messaging includes the proactive measures that government is taking to protect the public and prepare for disease threats. Stressing stories of government cooperation, instances where local government has been supported effectively by the state and federal government, and proactive steps that government officials take every day may help improve some problems of credibility. It is also important to put a “human face” on the government so it is not perceived as a bureaucracy but as people serving the public good.

Conclusion 14: Provide more support and clarification for guidance about stockpiling (two weeks), how long to stay home (7–10 days), and what constitutes close contact (within six feet).

*Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and
Disease Containment Messages*

Ensure that a reasonable and/or scientifically based rationale supports the guidance and that the guidance is kept consistent across all messages.

Conclusion 15: Be cautious when informing the public about diseases when an imminent threat is unlikely. When it is appropriate to inform people, ensure that messages are clear, are directive, and explain both the risks and the reason for immediate action and behavior change.

Conclusion 16: Ensure that common knowledge measures (also referred to as common sense by many participants throughout this report) such as hand washing and using hand sanitizer are prefaced with a statement like “as you already know...” Repeat these measures, but emphasize that the importance of practicing them consistently has increased and that now it is not just good hygiene but vital that these measures be taken even more seriously than before.

Conclusion 17: When revising some of the messages it may help to place emphasis on gaining trust up front by being compassionate first and confident second in language (this applies to both verbal and nonverbal communication). Recognizing that the measures are easier said than done is a part of demonstrating empathy. An additional approach for gaining trust is to clearly emphasize policies that are designed to encourage rather than demand compliance. When mandates and enforcement are required, information about these should be conveyed early and often.

Conclusion 18: Eliminate indefinite and unclear terms (see to Conclusion 8). However, when necessary admit to unknown facts and uncertainty and make sure to explain why something cannot be known at present.

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Appendix A
Previous Message Testing Reports

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***Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and
Disease Containment Messages***

A series of message testing activities, analysis, and reports have enhanced the understanding of the knowledge, attitudes, beliefs, and perceptions of the target audiences regarding pandemic influenza vaccine and closely related pandemic influenza issues. The following are the reports that discuss the results from those message testing efforts:

- *A Qualitative Assessment of Selected Messages Addressing Pandemic Influenza*, HHS/CDC, August 2005. This report summarized the testing results of a selection of materials with health care providers and the public
- *A Qualitative Assessment of Pandemic Influenza Issues: Vaccine strategies, bird flu issues, preparatory actions, mask fact sheets, and first wild bird scenario fact sheets*, HHS/CDC, October 2006. This report summarized the testing results of an additional selection of materials with the general public.
- *A Qualitative Assessment of Pandemic Influenza Issues: Perceived level of preparedness, importance and urgency of planning, current and past preparedness activities, vaccine development, messages testing—human-to-human transmission scenario, and message testing—unconfirmed US case*, HHS/CDC, May 2007. This report summarized testing results of a selection of materials designed to respond to the first unconfirmed case of pandemic influenza in the U.S. with the general public.
- *A Qualitative Assessment of Pandemic Influenza Issues: Responding to a First Confirmed Case of Pandemic Influenza in the US*, HHS/CDC, October, 2007. This report summarized testing results of a selection of materials designed to respond to the first confirmed case of pandemic influenza in the U.S. with the general public.

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Appendix B
Screening Instrument

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*Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and
Disease Containment Messages*

Pandemic Influenza MT5: Nonpharmaceutical Interventions (NPIs)

Recruit five per group, eight groups (four groups to be done on each of two consecutive evenings; 4:00, 5:30, 7:00, and 8:30 p.m.).

Good evening. My name is _____ and I am calling from _____, a market research firm. I am talking today with people in the area as part of a study being done by the U.S. Department of Health and Human Services. I am not selling anything. I have a few brief questions, and, if you qualify and are interested, I will invite you to take part in a discussion group with other people in your area that will take place at a later date.

1. First, do you or does anyone in your household work for any of the following?
(THANK AND TERMINATE IF YES TO ANY OF THE FOLLOWING)
 - 01 Advertising, public relations and/or market research
 - 02 Any form of media—TV, radio, newspaper, magazine
 - 03 A health clinic, doctor's office or hospital
 - 04 Other health-related field
 - 05 An emergency preparedness or emergency response field (e.g., firefighter, police officer, emergency medical technician, homeland security)

2. Have you ever participated in a market research study?
 - 01 Yes → When was that?
(THANK AND TERMINATE IF LESS THAN SIX MONTHS AGO)
 - 02 No

3. How old are you? **(RECRUIT A MIX)**
(DOCUMENT ON GRID)
 - 01 Under 18 **(THANK AND TERMINATE)**
 - 02 18–34
 - 03 35–44
 - 04 45–54
 - 05 55–64
 - 03 65 or older
 - 96 Refused **(THANK AND TERMINATE)**

4. Document: Conversant in English?
 - 01 Yes **(CONTINUE)**
 - 02 No **(THANK AND TERMINATE)**

***Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and
Disease Containment Messages***

5. Document gender **(RECRUIT A MIX)**
(DOCUMENT ON GRID)
- 01 Male
02 Female
6. What was the highest grade or degree you achieved in school? **(RECRUIT A MIX)**
(DOCUMENT ON GRID)
- 01 High school diploma or less
02 College degree
7. What is your race or ethnicity? **(RECRUIT A MIX)**
(DOCUMENT ON GRID)
- 01 Caucasian
02 African-American
03 Hispanic
04 Asian
05 Mixed race
06 Other _____

That is all of my questions. You do qualify for our discussion group, and I would like to invite you to join us on _____ at _____p.m. The discussion will last about 60 minutes. In appreciation for your time, you will be paid \$XX at the time of the discussion. Are you willing to participate?

- 01 Yes
02 No

Appendix C
Moderator's Guide and Work Sheet

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Moderator's Guide

I. Introduction (5 minutes)

- Introduce moderator
- CDC sponsorship/importance of participation
- Taping/observers/no personal information used
- Hear from everybody/no obligation to answer any question
- Respondent information
 - Introduce self
 - Favorite hobby
 - Ever get a flu shot? Get one every year?
- Plan for the evening
 - Today talking about the pandemic flu or pandemic influenza
 - Not the seasonal flu that comes around every year
 - Pandemic flu (may have seen/heard/read something about it and government efforts to prepare for it)
 - First a little about vaccines against pandemic influenza.
 - Second, review and comment on some draft materials about ways to control pandemic influenza that don't involve vaccine.
 - Near the end come back to vaccine for just a moment.
 - Should take an hour or a little more.

II. Vaccine (before) (10 minutes)

- Read background information—want everyone starting from same place

A human influenza pandemic occurs when a new influenza virus emerges to which few people have immunity and it spreads rapidly from person to person. There have been three human influenza pandemics in the last 100 years. Human pandemic influenza can vary from mild to very serious depending on the virus that causes it. Also out there is bird flu (H5N1 avian influenza). This is common in birds in various areas of the world and has been spreading. It is not a human pandemic because it rarely affects humans and is not readily passed from human to human. It's important to realize that right now there is no pandemic influenza in the world and there is no reason to believe that a pandemic is going to happen soon.

If a new influenza virus that can cause a pandemic occurs, there would be a major effort to develop a vaccine against it. This cannot be done until the new virus exists, and then there might be limited time to develop the vaccine because influenza spreads so quickly. There would be tests to see if existing vaccines provided any protection from the new virus but a good rule of thumb is that it would be 4–6 months after a pandemic started before a new vaccine would be ready in significant amounts. So, there would likely be several months when the pandemic was happening and there was no vaccine against it.

- Hand out “Vaccine Work Sheet”
- Exercise

***Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and
Disease Containment Messages***

- As said, there could be a period of several months when pandemic influenza is present and spreading rapidly and there is no vaccine available.
 - Again, there is no pandemic influenza now, and we can't know when it might happen or how serious the disease will be.
 - On line A, please mark a number from 1 and 10 that indicates how concerned you are about this situation.
 - We will then talk about what you picked and why.
- Debrief
 - What number did you select?
 - What thinking or feelings went into your decision to select that number?

III. NPI Draft Messages (30 minutes)

Read background information.

One thing we can be certain about is that if an influenza pandemic breaks out, people will want lots of information about what they can do to protect themselves and their loved ones. It's important to CDC that people get information that effectively addresses their concerns. An important part of doing that is preparing now, when there is no pandemic influenza, rather than going "off the cuff" in an urgent situation. CDC has identified a number of topics—questions people are likely to ask or information they want people to know. For most of the rest of our time together, we will be reviewing some of these.

We just talked about vaccine against pandemic influenza and how it might not be available right away. For most of the rest of our time together tonight we'll be talking about public health actions that can be taken to slow the spread of disease before a vaccine is available or when the supply is limited. We'll do that by asking you to review some fact sheets (probably four) and asking for your comments on them.

You'll notice that all of these are set up the same way. First, there is a question at the top of the page. Second, there are three "key messages" in bold print. Key messages are usually about 10 words long. These can be thought of as a main piece of information that someone should remember (a "sound bite") or as a central theme. Third, for each key message there are three pieces of supporting information—examples, details that provide more information for that key message.

We'll read one together. I'll ask you to mark them up indicating things you like, things you think would benefit from change, and a follow-up question that comes to you from reading it.

There are a few things I would like you to keep in mind for purposes of this exercise:

1. It is important to put yourself in the situation. Imagine that a new influenza virus has appeared somewhere else in the world several weeks ago. Few people are immune. The disease spreads rapidly from one person to another. In other words, an influenza pandemic has started.

Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and Disease Containment Messages

Now suppose that the cases are starting to appear in the United States. The pandemic has come to the United States and can be expected to spread.

2. Keep in mind that the questions you are seeing are a sample. CDC knows that there are many more questions likely—too many for one group to look at in a reasonable amount of time. We can note other questions you have so CDC can check them, but remember that you are not seeing them all.

3. Some things cannot be known now. For example, the exact virus that causes the disease, the number of cases in the world, and the number of deaths the disease has caused. These issues and others will have to be addressed when the information becomes available. We can note the interest in the issue, but no answer can be prepared now.

4. Remember that, in the event of pandemic influenza, there will likely be many press conferences and interviews with public health officials, elected officials, and others. TV, radio, newspapers, and the Internet will have lots and lots of coverage. All the issues will be addressed in a variety of ways.

- Exercise
 - Assign partners so respondents are working in teams of two or more people.
 - Hand out fact sheet.
 - Read through.
 - Ask respondents (show on flip chart) the following:
 - Underline phrases or sentences that you think are important.
 - Circle things you think are not clear or find difficult to believe.
 - Write down one follow-up question that comes to you from reading this.
- Debrief
 - What did you underline? Why?
 - What did you circle? Why?
 - What are some follow-up questions?
- Repeat for other fact sheets as time allows, rotating order.

V. Characteristics of preferred and non-preferred information (5 minutes)

- Mark flip chart page with “+” and “-” columns; record responses.
- Thinking across the information you have seen
 - What makes a fact sheet or piece of information something that appealed to you?
 - What made information something that you didn’t like?

VI. Close Out (10 minutes)

- Go back to the vaccine work sheet.
 - Now that you’ve heard some information about controlling pandemic influenza without vaccine, mark your level of concern about the period without vaccine on Line B.
 - Remember:

*Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and
Disease Containment Messages*

- As before, there could be a period of several months when pandemic influenza is present and spreading rapidly and there is no vaccine available.
- Again, there is no pandemic influenza now, and we can't know when it might happen or how serious the disease will be.
- Debrief
 - Is your level of concern higher, lower, or the same?
 - Why?
- Thank you.
- Introduce CDC representative: discussion may have raised some questions, _____ will be happy to try to address questions or concerns.

Appendix D
Draft Messages Tested

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NPI Question 1: What are Nonpharmaceutical Interventions, or NPIs?

NPIs are actions we can take to slow the spread of a flu pandemic without drugs.

- Limiting contact between people is a form of NPI.
- Washing your hands and covering your cough or sneeze is a NPI.
- Wearing facemasks is also a Nonpharmaceutical Intervention.

Nonpharmaceutical Interventions will be our first line of defense in a pandemic.

- Pandemic flu virus will spread easily from person to person.
- Antiviral drugs may be in short supply.
- It may take some time to make a vaccine against pandemic flu.

Because the virus is new to people, everyone is at risk.

- People can get the virus by breathing after an ill person has coughed or sneezed.
- Using these interventions may slow the spread of the disease.
- Use planning tools on the web at www.pandemicflu.gov to learn more.

NPI Question 2: How will I know when to start using Nonpharmaceutical Interventions, or NPIs?

Your local health officials will give recommendations about what to do and when.

- Information will be given on local TV, radio, and in the newspaper.
- You can learn more by going to www.pandemicflu.gov or by calling 1-800-CDC-INFO.
- Contact your local health department for more information.

Decisions will be based on local conditions.

- The pandemic will affect different communities at different times.
- Communities will take action based upon what's happening in their area.
- Local officials will have support of state and federal officials.

Different NPIs will be recommended depending on the situation.

- Recommendations will be made to take actions early in the pandemic.
- The actions will be matched to what is needed.
- More than one action may be recommended at a time.

NPI Question 3: What can I do now to prepare for Nonpharmaceutical Interventions, or NPIs?

Make plans for you and your household members to stay at home.

- You should stay home if you or your household members are sick.
- How and where you work may change.
- You may need to keep your children at home.

You should be ready to stay at home for at least 2 weeks.

- Stock up on food, water, any medicines you take, and basic health supplies.
- Talk to schools about options for doing school work at home.
- Talk to your employer about how you can work from home.

There are many resources available to help you.

- There are planning tools on the web at www.pandemicflu.gov.
- Your local or state health agency also has information.
- Your employer and community groups may also have information.

RBBS Question 1: What is a “risk-based border strategy”?

A risk-based border strategy is a plan for airports and borders to slow the spread of a pandemic into the U.S.

- The goal is to identify arriving travelers who may be ill or exposed to someone who is ill.
- Government agencies will work together to follow these plans.
- Finding illness early will help slow the spread into the U.S.

The strategy involves screening travelers for illness and making sure they get care.

- Screening may include answering questions about your travel, health, and getting your temperature checked.
- In some cases, more screening might be needed.
- Ill travelers may be given treatment and people exposed will be given preventive care.

You can be prepared for a risk-based border strategy.

- Go to www.pandemicflu.gov, www.dos.gov, or call 1-800-CDC-INFO.
- Expect travel delays and changes to your travel plans.
- If you are sick, do not plan to travel.

RBBS Question 2: Do I have to comply with CDC's request?

Mandatory screening will protect you and your family.

- This plan will help to slow the spread of a pandemic into the U.S.
- This screening will identify people who are ill so they can get treatment.
- Finding illness early will help slow the spread into our communities.

The strategy applies to all arriving international travelers

- Cooperation and patience will speed the process for everyone.
- All entry points into the U.S. will use this strategy.
- Your cooperation and positive attitude is appreciated.

You can take steps to minimize stress and discomfort.

- Plan for delays by bringing books or games to keep you occupied.
- Avoid traveling if you can or if you are ill.
- For more information, see www.pandemicflu.gov or call 1-800-CDC-INFO.

RBBS Question 3: What is being done to keep pandemic flu and other infectious diseases from coming into the U.S.?

There are CDC health officers located at U.S. Ports of Entry.

- Ports of entry are places where people legally enter the U.S. from other countries.
- The places where health officers work are known as quarantine stations.
- Quarantine stations have many functions that protect the public's health.

CDC health officers look for ill travelers arriving from other countries.

- CDC can prevent or slow the spread of disease by identifying and helping ill travelers.
- Many partners at ports of entry help CDC to identify ill travelers.
- CDC health officers have a process to decide if an ill traveler could make others ill.

During a pandemic this process may change.

- There are many factors that will influence how CDC screens for ill travelers.
- We are constantly improving our process.
- CDC has stopped and reduced the spread of diseases through the U.S. ports of entry.

SD Question 1: What is social distancing?

Social distancing means keeping people apart to help slow the spread of disease.

- Flu spreads mostly through close contact with other people.
- Close contact means being within six feet of another person.
- Drops from coughs and sneezes carry flu germs.

Social distancing should be used along with other preventive actions.

- Wash your hands often with soap and water.
- Use an alcohol-based hand cleaner if soap and water are not available.
- Cover your coughs and sneezes.

In a pandemic, people should stay home.

- Stay home if you are ill.
- Stay home if someone in the household is ill.
- Avoid crowded places and large gatherings as much as possible.

SD Question 2: How do I use social distancing?

Avoid crowded places and large gatherings.

- Limit close contact with other people as much as possible.
- Find other ways (email, phone) to stay connected to people.
- Wear a facemask when in crowded settings.

Change your routine and your family's routine to reduce close contact with other people.

- Stop going to locations and events where people gather.
- Talk to your employer about working from home.
- Plan to work, study, worship and play differently.

If you or someone in your household becomes ill, take actions to protect others.

- Stay at home to limit contact with others.
- If possible, stay in one room in your home.
- Cover your coughs and sneezes.

SD Question 3: Will schools and day care centers have to dismiss children?

Schools may dismiss students and day care centers and after school programs may close.

- Closing centers and dismissing schools may help slow the spread of disease.
- Schools are crowded places and children are in close contact.
- Children are more likely to become ill and spread disease.

Schools, day care centers and after school programs can plan now for dismissals and closures.

- Develop study plans for students to continue learning at home.
- Talk to your children's teachers about resources that are available.
- Use planning guides on www.pandemicflu.gov.

Families can plan now for school dismissals and child care closures.

- Talk to schools, day care centers and after school programs about their plans.
- Collect books, toys and other items to entertain children at home.
- Have current contact information for school teachers and officials available.

SD Question 4: Why will home quarantine be used?

Staying home if someone you live with has the flu will help slow the spread of the virus.

- You might spread the virus even if you feel well.
- By staying home, you can help others stay healthy.
- Even if you feel well, you may become sick.

If someone you live with has flu, stay home.

- Plan to stay home 7-10 days.
- Health authorities might check with you and your family.
- You may get medicine even if you feel well.

Plan to work, study, worship, or play at home.

- Stock two weeks of extra food, medicine, and water.
- Make plans now with your work and schools.
- Use planning guides at www.pandemicflu.gov or call 1-800-CDC-INFO for more information.

Appendix E
Study Contributor Contact Information

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*Focus Group Report: Investigation of Pandemic Influenza Vaccine Concerns and
Disease Containment Messages*

Study Contributor Contact Information

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Appendix F
Participant Information Sheet

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Participant Information

Research: Opinions about Public Health Issues and Communication Materials

Sponsored by: The U.S. Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC)

Purpose of this research: You are being asked to participate in a group discussion being done by the U.S. Government's Department of Health and Human Services with the assistance of the Oak Ridge Institute for Science and Education. In the discussion, you will be asked (1) your opinions about communication materials that the Department is developing to inform people about a public health issue; (2) your knowledge, attitudes, and beliefs about the issue; and (3) related issues. Your answers can help us develop materials to better inform the public. The discussion will be tape recorded (audio only) to be sure we get all the information.

Please remember that

- This session should last about 60 minutes.
- You choose to participate and you are not required to answer the questions.
- You will receive a cash incentive for participating in the discussion.
- You are free to leave at any time without losing the cash incentive or other penalty.

The *risks* of taking part in the discussion are the same as those encountered in daily life.

You may *benefit* from participation by getting more informed about an important public health issue. You may have a sense of satisfaction from civic participation. Your answers may help better inform the public and others about a public health issue. You will receive a cash incentive for your time.

Confidentiality: We will keep the information you give us *private* and *confidential* to the extent allowed by law. Your name will not be used in the final report. No statement you make will be linked to you by name. Only members of the research staff will be allowed to look at the records. When we present this study or publish its results, your name or other facts that point to you will not show or be used.

Persons to contact: If you have questions about this focus group, or taking part in it, you may call Alan Janssen, Centers for Disease Control and Prevention, Atlanta, GA, 404-639-8517.

If you need more information about your rights as a study participant, you may contact the chair of the Oak Ridge Site-Wide Institutional Review Board, Oak Ridge Institute for Science and Education, Oak Ridge, TN 37831-0117, 865-576-1725