BEHAVIOURAL INTERVENTIONS FOR REDUCING THE TRANSMISSION AND IMPACT OF INFLUENZA A (H1N1) VIRUS: A FRAMEWORK FOR COMMUNICATION STRATEGIES

TARGET AUDIENCE

This document is intended for use by institutions and other partners developing communication interventions and activities to reduce the spread and impact of the new influenza A (H1N1) virus. It was written in response to requests from countries for technical guidance in preparing communication strategies, messages and materials in relation to the current outbreak. It focuses on control measures at individual and family level.

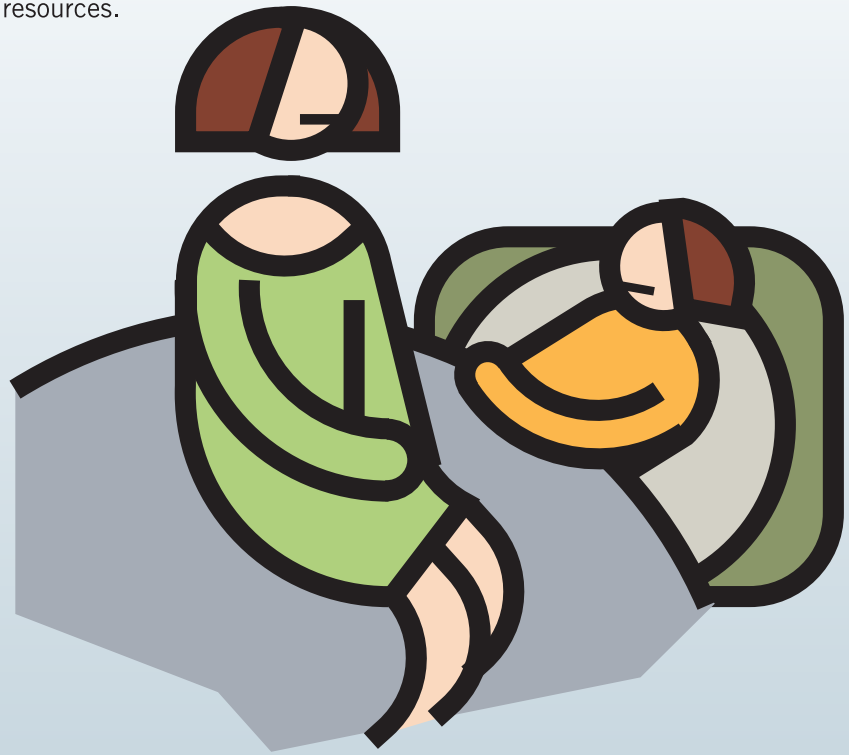
KEY POINTS

The strategic advice on priorities for behavioural interventions (control and prevention measures) is for the global level, and countries should adapt the advice to reflect regional, national and local realities. The public health goal of the behavioural interventions is to reduce transmission, morbidity and mortality related to influenza A (H1N1) virus among:

> people who are well, to avoid becoming infected;
> people who are sick, to avoid infecting others and to recover from illness; and
> people who are caring for sick people, to protect themselves and other family members from infection.

Two important premises are:

- Information about the characteristics of the influenza A (H1N1) virus is limited. Therefore, communication approaches and recommended behaviours will have to be adjusted as more evidence becomes available.
- In order for the approaches to have an impact on behaviour, sociocultural and economic factors, such as poverty and gender, must be addressed, so that people are empowered to act on the information provided, and marginalized and vulnerable groups have access to the information and resources.



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IMPORTANCE OF SHARING INFORMATION ABOUT THE NEW INFLUENZA A (H1N1) VIRUS AND EMPOWERING PEOPLE TO ADOPT RISK REDUCTION PRACTICES

Influenza A (H1N1) virus is a newly emerged virus that is currently circulating among humans. It is an agent that causes an acute infectious disease of the respiratory tract and has the potential to cause a pandemic.

The term 'epidemic' means that there are more cases of a certain disease than expected. A 'pandemic' is a worldwide epidemic of a disease. An influenza pandemic occurs when a new influenza virus appears, against which the human population has no immunity, as in the case of the current influenza A (H1N1) virus. With increases in global transport and with growing urbanization and overcrowding in some areas, an epidemic due to a new influenza virus might become a pandemic rapidly.

As of May 2009, the symptoms of most people infected with influenza A (H1N1) virus have been mild, and they have generally recovered without significant medical intervention. As the virus circulates around the world, however, it might change into a type that causes more serious disease.

Families and communities can protect themselves by adopting a few key practices that will reduce their chances of becoming infected. Everyone should follow these preventive behaviours in order to protect themselves and their families from the disease at each stage of the emerging threat. Milder cases can be treated at home, thereby reducing the burden on health care services. However, severe cases need to seek care promptly, and people caring for sick persons at home should know how to recognise symptomps of severity. National authorities and health-care providers will be providing the latest advice and information suitable for local circumstances.

GUIDING PRINCIPLES IN COMMUNICATIONS ABOUT THE NEW INFLUENZA A (H1N1) VIRUS

- Share the rationale. Explain to people why certain behaviour is important. Transparency in sharing information and its rationale helps build trust and is more likely to result in cooperation.

- Encourage active engagement. Encourage people to seek information from credible sources; ensure that neighbours, communities and networks receive and understand accurate information, report possible influenza cases and help communities in managing ill people. In this approach, people are viewed as 'partners in prevention' and not as simple recipients of information. The approach is therefore likely to create ownership, resulting in better adoption of recommended behaviours and more proactive communities. Such 'partners in prevention' are also more likely to find creative ways of mobilizing community resources and help build capacity that might be useful in the future.

- Empower people with information. Be aware that people and communities will take their own decisions on the basis of the balance of forces of their own circumstances. The communication approach should emphasize information-sharing and community problem-solving as ways of helping people to find a set of do-able actions: "How can we effectively prevent infection and protect ourselves, our families and our community?"

- Adapt recommendations to the local context. Take into account people's capacity to act on the advice being given. The recommended behaviour must be do-able and be adapted to people's lifestyle; otherwise, it will not be widely adopted. Ensure that marginalized groups, such as slum-dwellers, religious minorities and people beyond the reach of the mass media, are also engaged in prevention and protection, have access to information and have the capacity to act upon it.

- Use existing resources and partnerships to develop effective communication strategies, messages and materials quickly. Work through existing communication and coordination bodies to harmonize messages, approaches and use of channels. A list of globally available resources is given below. Since these sites change constantly as more resources become available, they should be checked periodically.

FOR FURTHER INFORMATION

WHO

HEADQUARTERS	*http://www.who.int/csr/disease/swineflu/en/index.html*

Region-specific information is available through WHO's regional offices:

AFRICAN REGION	*http://www.who.int/csr/disease/swineflu/en/index.html*
REGION OF AMERICAS	*http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=805&Itemid=569*
SOUTH-EAST ASIA REGION	*http://www.searo.who.int/EN/Section10/Section2562.htm*
EUROPEAN REGION	*http://www.euro.who.int/influenza/ah1n1*
EASTERN MEDITERREAN REGION	*http://www.emro.who.int/csr/h1n1/*
WESTERN PASIFIC REGION	*http://www.wpro.who.int/health_topics/h1n1/*

UNICEF

COMMUNICATIONS	*http://www.unicef.org/cbsc/index.html*
ABOUT INFLUENZA	*www.unicef.org/influenzaresources*

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CHECKLIST FOR STRATEGIC COMMUNICATIONS PLANNING AND IMPLEMENTATION

This is a checklist for rapidly assessing the current communications environment. It helps identify critical areas which will need to be addressed to ensure that the communications process is participatory, takes into account different perspectives and distils these findings into the development and implementation of communications strategies as well as broader decision making and outbreak management activities.

- ☐ **Is there technical consensus by agencies on the control measures and is there harmonization of these interventions and messages to at-risk populations and other stakeholders?**
- ☐ **Is there a coordinating mechanism among authorities and institutions involved in providing communications interventions? Is there agreement on the priority behavioural interventions, audiences and channels for the different stages of a pandemic**
- ☐ **Are existing networks and partnerships being used effectively e.g. for communications strategy development, message development, material production and dissemination?**
- ☐ **Are communications products (materials such as leaflets, posters, etc) being developed to contribute to an overall strategic communications plan with clear public health objectives? i.e. to minimize disease transmission, mortality and morbidity? Is this linked to clear communications objectives?**
- ☐ **Has a quick assessment of knowledge, awareness and perceptions among at-risk and other populations been carried out? Are there any gaps?**
- ☐ **Are participatory methods being used to learn from community groups including the vulnerable and marginalized, on how to adapt priority behaviours to local contexts. i.e. are the proposed control measures specific, realistic and culturally appropriate? Are there existing cultural and societal values and practices that could be used to promote the uptake of control measures? Have these been incorporated into the messaging and design?**
- ☐ **Are communications strategies and messages consistent with social and cultural values of target populations such as at-risk populations and other stakeholders?**
- ☐ **Do communications materials and messages clearly promote the proposed control measures? i.e. inform target audiences on what to do, how, why, and when? Have these been quickly pre-tested with the target audiences?**
- ☐ **Have non-communications barriers to proposed control measures been identified and therefore control measures adjusted accordingly e.g. access to water and soap if promoting hand hygiene?**
- ☐ **Have credible, empathetic and trustworthy sources of information been identified for multiple audiences, activities and channels?**
- ☐ **Is there a system for getting feedback on the reach, and effect of communications interventions? e.g. are people doing things differently as a result of the communications interventions? Are there rumours, misunderstandings circulating that need to be corrected?**

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PRIORITY BEHAVIOURAL GOALS IN A COUNTRY WITH CASES OF INFLUENZA A(H1N1) VIRUS INFECTION

PUBLIC HEALTH GOAL
TO REDUCE TRANSMISSION

BEHAVIOURAL GOALS
If well, to avoid becoming infected
If sick, to avoid infecting others

Keep your distance from someone who is coughing and sneezing.

RATIONALE

Flu is passed on through tiny droplets of water that come out during talking, spitting, coughing and sneezing. Infected droplets can travel at least 1 metre from a person carrying the virus. Close, sustained contact with an infected person is more likely to transmit infection. Keeping a distance will help protect people from the infection; however, individuals and families should live life as normally as possible.

BEHAVIOUR EXAMPLES

- **Stay at least 1 metre away from people who are coughing or sneezing.**
- **Avoid touching, hand-shaking or kissing.**
- **Reduce time spent in crowded places**

Stay home if you feel ill.

RATIONALE

Early rest as soon as symptoms develop will usually improve the chances of sick people to recover faster. Limiting the movement of ill people will also slow the spread of the virus. Most influenza patients will have the mild form of disease and can be taken care of at home. If sick people inform others that they are ill, this will allow the organization of help for activities that involve going outdoors, like shopping and paying bills.

BEHAVIOUR EXAMPLES

- **Work from home.**
- **Contact health-care provider by phone for advice, if possible.**
- **Ask others for help with daily chores.**

Cover your coughs and sneezes.

RATIONALE

People may be infected and may start spreading the virus before they have signs or symptoms of disease. Coughing and sneezing spread the influenza virus over wider areas. Thus, covering the mouth and nose while coughing or sneezing helps to reduce dispersion of the virus and the risk for infecting other people.

BEHAVIOUR EXAMPLES

- **Use a single-use tissue if possible.**
- **Dispose of it as soon as it is used.**
- **Wash hands immediately.**
- **Cough or sneeze into your sleeve, your jacket or other clothing to prevent droplets from travelling in the air.**

Wash your hands with soap and water.

RATIONALE

Hand hygiene is a good means of protecting people from respiratory infections. Droplets from an infected person who coughs or sneezes will land on hands or surfaces. If healthy people touch infected hands or surfaces and bring their hands to their own mouths or noses, they can become infected.

BEHAVIOUR EXAMPLES

- **Wash hands frequently.**
- **If possible, wash hands after coughing or sneezing.**
- **Wash hands after taking off any type of face cover.**
- **Keep hands away from face.**

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PRIORITISED BEHAVIOURAL GOALS FOR HOME CARE OF INFLUENZA A(H1N1) ILLNESS

PUBLIC HEALTH GOALS
TO REDUCE TRANSMISSION
TO REDUCE MORTALITY

BEHAVIOURAL GOALS
Protect caregivers and other family members from infection.
Aid recovery from illness.

Give sick people a separate space at home.

RATIONALE
Keeping a sick person away from others helps reduce transmission of disease to healthy members of the family. It may also protect the sick person from other disease-causing agents from other people.

BEHAVIOUR EXAMPLES
- **Keep the sick person at least 1 meter away from others.**
- **Keep this space well aired by making use of natural breezes from doors and windows.**

Assign a single caregiver to a sick person.

RATIONALE
Assigning one household member to provide care for a sick person minimizes the number of people in close contact with respiratory droplets. If possible, the caregiver should be someone who has had a recent similar illness and recovered. Pregnant women should not be caregivers if possible.

BEHAVIOUR EXAMPLES
- **Assign the mother as the caregiver if her breastfed infant is sick.**
- **Caregivers should take special care to wash their hands before and after caring and cover mouth and nose during contact with the sick person.**

Give plenty of fluids to the sick person.

RATIONALE
Fever, fast breathing and heavy discharges from the nose and mouth increase water loss from the body. Loss of appetite, vomiting or diarrhoea further increase water loss. Excessive water loss may result in serious complications.

BEHAVIOUR EXAMPLES
- **Let sick people drink as much as they can.**
- **Use 'sweet waters', fruit juice, soup or oral rehydration salts.**
- **Continue to breastfeed healthy and sick infants unless the clinical condition of the sick mother does not permit this.**

Recognise danger signs and seek prompt care.

RATIONALE
Severe cases of influenza, including pneumonia, need to receive prompt care to maximise the chances of recovery.
Danger signs include:
- difficulty breathing, shortness of breath
- severe chest pain
- weakness, inability to stand, unconsciousness
- high fever for more than 3 days
- seizures or difficulty to awaken (for children)

BEHAVIOUR EXAMPLES
- **Observe the sick person closely: is (s)he having difficulty breathing ? Is (s)he showing other danger signs ?**
- **Help sick person with danger signs to reach the nearest health facility.**
- **Children <5 years should continue to seek prompt care for any influenza-like illness.**

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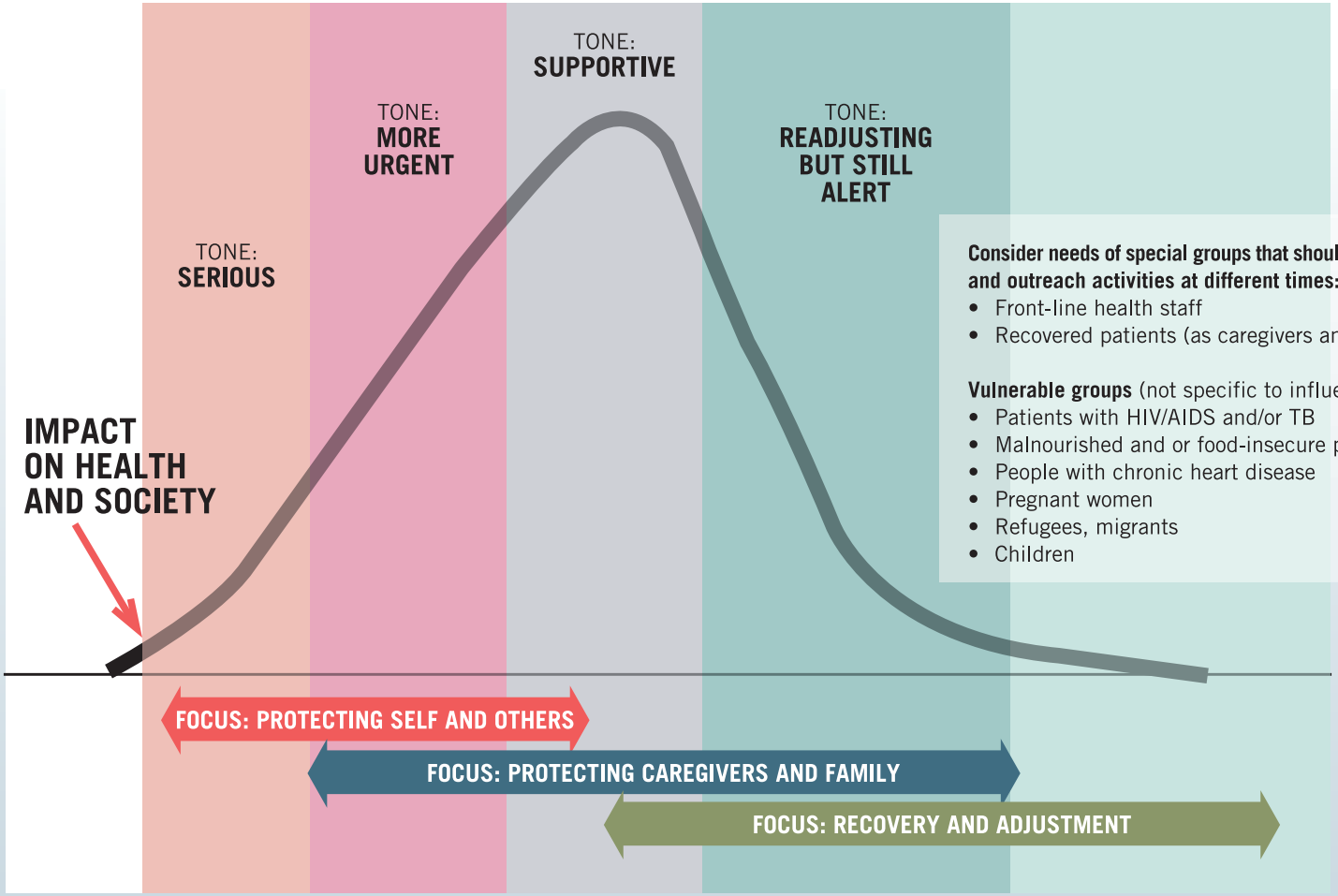
SEQUENCE OF COMMUNICATIONS PLANNING



Consider needs of special groups that should be targeted with messages and outreach activities at different times:

- Front-line health staff
- Recovered patients (as caregivers and to aid recovery)

Vulnerable groups (not specific to influenza A(H1N1)

- Patients with HIV/AIDS and/or TB
- Malnourished and or food-insecure people
- People with chronic heart disease
- Pregnant women
- Refugees, migrants
- Children

DISCLAIMER

This is a useful conceptual model to aid planning and gives an example of a typical epidemic curve. It does **NOT** necessarily represent an influenza A(H1N1) virus outbreak. Countries should refer to their own epidemic curve, if available, in planning communications activities.