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## Stakeholder dialogue, broadening of support and use of communication: An integrated and integral part of influenza preparedness

A.D.M.E. Osterhaus<sup>a,\*</sup>, Chris Vanlangendonck<sup>b</sup>

<sup>a</sup> Department of Virology, Erasmus MC, Rotterdam, The Netherlands

<sup>b</sup> Link Inc, Communication consultants, Antwerp, Belgium

ESWI's mission statement reads: "to reduce the impact of epidemic and pandemic influenza by identifying stakeholders, communicating with them and facilitating the interactions between them." This mission is based on the view that the mere presence of scientific data will not decrease the impact of human influenza. ESWI is convinced that all stakeholders, including scientists, policy makers, representatives of the pharmaceutical industry and healthcare workers should join forces in order to make optimal use of existing and emerging medical and non-medical tools that allow reduction of the impact of seasonal influenza and preparation for a future influenza pandemic.

ESWI's influenza conferences are a concrete implementation of this mission and view. At these conferences scientists not only meet and share novel scientific developments among their peers, but they also interact with public health officials and opinion leaders in healthcare, who for this purpose are offered a tailor-made programme: the "Science in Practice" track. The sessions of this track are specifically designed to share knowledge, to translate hard core scientific data into practical tools and to exchange experiences among experts. Indeed, ESWI is convinced that healthcare workers and public health officials need to be aware of the largely underestimated impact of seasonal influenza, the potentially devastating consequences of pandemic influenza and the tools to combat these disease entities. Therefore in-depth communication activities targeted towards these groups will remain on top of ESWI's priority list.

### 1. Lessons learnt from the conference

Annually occurring influenza is an important public health problem in Europe. It is associated with increased general practice consultation rates, hospital admissions, and excess deaths. It also leads to increased days lost to absence from work and school, decreased productivity, and extra pressure on health care services during the winter season. Although influenza vaccines have proven to be safe and effective, and influenza vaccination is the primary means of reducing the burden of disease and transmission

of influenza, influenza vaccination in Europe is largely restricted to people in high-risk groups. These typically include the elderly (>60 or 65 years), people with chronic medical conditions such as diabetes, heart, lung, or kidney disease and people with impaired immune function.

Health authorities in European countries that practise a reimbursement policy restrict reimbursement of influenza vaccination to those in high-risk groups. The current risk groups represent about 28% of the EU population. Of these, it is estimated that less than 62% are being vaccinated with the current vaccine supply, the equivalent of 17% of the EU-27 population. This shows that a large proportion of those traditionally assumed to be at the highest risk from influenza is not being vaccinated.

We are hence far from reaching WHO's target in Europe of vaccinating 75% of the at-risk groups by 2010.<sup>1</sup>

### 2. What is going wrong?

Despite scientific evidence (e.g., reduction of mortality and cost-effectiveness), despite many policy efforts (e.g., reimbursement of vaccination for at-risk groups), and despite awareness-raising campaigns towards the lay public, a considerable proportion of people at-risk still decide not to be vaccinated.

Healthcare workers remain a barrier to increased influenza vaccination coverage. Evidence shows that a considerable percentage of GP's in Europe are not convinced of the benefits of seasonal influenza vaccination. As a result, they decide not to get themselves vaccinated. Similarly, nursing home residents still die of influenza, while the use of antiviral drugs could have saved their lives. Hence, educational and awareness-raising efforts towards this target group remain key elements of ESWI's policy plan.

New strategies are called for. Strategies that not only include but also stretch beyond the medical world. There will always be a need to translate scientific data to the field of healthcare workers and policy makers, and to keep the influenza issue high on their agenda. Yet, this alone will not suffice to convince people to protect themselves against influenza. The world has changed. Information

\* Corresponding author.

E-mail address: [a.osterhaus@erasmus.nl](mailto:a.osterhaus@erasmus.nl) (A.D.M.E. Osterhaus).

<sup>1</sup> World Health Assembly resolution WHA 56.19. Prevention and control of influenza pandemics and annual epidemics 2003.

is widely accessible, people are confronted with different opinions presented by different stakeholders (scientists, GP's, policymakers, pharmaceutical industry), the media either by ignorance or deliberately, often spread conflicting messages, sometimes giving the floor to messengers with erroneous views. From this multitude of information people have to constitute their own opinion. It is therefore not only about reaching the right people with the right message, but also about how the right information is spread and by whom.

The broader the support for the adequate combat of influenza – i.e., among different stakeholders – the wider the variety of people who are spreading the right message and the more impact it will have on the individual decision making process.

The availability of scientific data and reimbursement of influenza vaccination will not be sufficed to bring about a major change in behaviour. Influenza, therefore, must be given a face urgently. Its life-threatening character must be emphasized by the risk groups' intermediaries. Yet, this should not be presented as a doom story at all. On the contrary, a solution is available: people can protect themselves by becoming vaccinated. This renders the influenza story into a pre-eminently positive and constructive one.

Expanding the variety of messengers spreading these messages may well be an important tool to influence people's decision making process.

In most European countries, at-risk patients are well-organized in patients organizations, senior citizens' associations and help organizations. These are important groups, as they have established direct communication lines towards their members. They generally also have the authority to spread messages.

The public at large does exist, but is very hard to reach. It is therefore essential to primarily target those groups of people who have an interest in the message. In the current world, at-risk people still too often have to draw their GP's attention to the fact that they really do need their annual flu shot.

### 3. Pandemic influenza preparedness

Besides epidemic influenza, the threat of an influenza pandemic looms like a sword of Damocles over the world. Policy makers are responsible for implementing the necessary preparatory measures, based on state of the art scientific knowledge, with all its inherent uncertainties, about possible medical and non-medical intervention strategies. This knowledge should therefore be translated and communicated by scientists to policy makers. Hence scientists need to communicate in a transparent way about certainties and uncertainties concerning all possible inter- and pre-pandemic measures that may be considered: non-medical interventions, influenza

surveillance, pre-pandemic vaccination, the use of antivirals, and the link between seasonal and pandemic influenza preparedness.<sup>2</sup>

### 4. Communication lessons: from pandemic towards seasonal influenza preparedness

*First lesson:* pandemic flu does have a face. When communicating about a pandemic threat, reference can be made to previous devastating pandemics. This is often done in a threatening manner, using terrifying death rates. Suddenly, influenza is turned into a threat, a dangerous disease that "could kill us all" if we are not prepared.

*Second lesson:* media attention to a perceived pandemic influenza threat encourages people to protect themselves against seasonal influenza. The prospect of the devastating impact of a pandemic incites people to get themselves protected, without much consideration for the exact scientific link between seasonal, avian and pandemic influenza.

*Third lesson:* the combination of the relevant scientific messages, adequate media attention and public perception (fear for a pandemic) has prompted policy makers in several countries to implement a pandemic preparedness plan. Although still far from complete for pandemic influenza preparedness, the carefully combined use of the same ingredients may well result in a better preparedness for seasonal influenza. This again calls for targeting of all stakeholders in an integrated approach, in order to come to a collaborative effort towards the same goal: a better preparedness for the control of influenza.

Integrated communication about influenza has proven to be notoriously difficult. The public at large tends to underestimate the impact of seasonal influenza. Reaching the at-risk population with the right message is key: as for pandemic influenza, people should know that the threat is real. The messages for policy makers, and healthcare workers alike, should also be science based and tailor-made, taking into account cost-benefit data and discrediting persistent mis-perceptions for highly successful medical interventions.

In conclusion, ESWI's objective is to encourage stakeholder collaboration and to jointly develop adequate strategies to decrease the disease impact of influenza. ESWI's influenza conferences are built on the concept of bringing together stakeholders and to encourage their mutual interaction. ESWI intends to further strengthen its communication lines towards the various target groups and in doing so also intends to explore novel strategies with the aim to reach and involve more supporters in this strategy.

<sup>2</sup> Annual vaccination of one third of the EU population against epidemic influenza is medically justified and will greatly improve availability of pandemic influenza vaccine in Europe (ref).