

Crisis communication related to vaccine safety: Technical guidance

All good responses to a crisis begin
with good preparation



PAHO



Pan American
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Americas

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We want to express our gratitude to the Vaccination Demand and Acceptance Unit in the Vaccine-preventable Diseases and Immunization Programme at the World Health Organization Regional Office for Europe (WHO Europe) for its pioneering work in the field of communication about safe vaccination, risk perception, and the factors that influence the decision to vaccinate.

Some of the sections in this publication are based on the guidance documents available in the WHO Regional Office for Europe's virtual library, published to support health authorities with communication about vaccine and vaccination safety and crisis management. These documents can be consulted at the following link: www.euro.who.int/vaccinesafetycommunication.

Acronyms

CDC Centers for Disease Control and Prevention

ESAVI Event supposedly attributable to vaccination or immunization

NGO Nongovernmental organization

PAHO Pan American Health Organization

UNICEF United Nations Children's Fund

WHO World Health Organization

Introduction

This document is the result of a coordinated effort between the Pan American Health Organization (PAHO), the World Health Organization Regional Office for Europe (WHO Europe), and the Centers for Disease Control and Prevention (CDC). Its objective is to develop and strengthen the safe vaccination system in the Americas. The current document complements the Surveillance Manual of Events Supposedly Attributable to Vaccination or Immunization (ESAVI) in the Region of the Americas.

The following pages present different technical recommendations for developing a communication plan to manage crises related to vaccine safety. Each chapter corresponds to each of the three phases of the communication response (Figure 1) and suggests actions and support tools to prepare, implement, and evaluate this response.

Figure 1. The three phases of the communication response to a crisis

PHASE 1: PREPARATION		PHASE 2: IMPLEMENTATION		PHASE 3: EVALUATION	
Get to know the evidence	<ul style="list-style-type: none"> Understand the determinants of communication about vaccination safety Monitor public perceptions 	Coordinate and commit	<ul style="list-style-type: none"> Bring together the response group Share information 	Evaluate	<ul style="list-style-type: none"> General feedback Evaluate the work of the actors Evaluate relationships with the public
Contact key actors	<ul style="list-style-type: none"> Identify collaborators and obstructionists Create a list of actors 	Create the response and implement the communication strategies	<ul style="list-style-type: none"> Identify the key audiences Define the communication goals Adapt the messages Select the media outlets 	Share the lessons learned	<ul style="list-style-type: none"> Identify good practices Prepare a report with the positive and negative elements
Establish response mechanisms	<ul style="list-style-type: none"> Train personnel Prepare the messages 				
Inform the public to build resiliency	<ul style="list-style-type: none"> Raise the population's awareness about the benefits and risks related to immunization and vaccine-preventable diseases 	Share the information	<ul style="list-style-type: none"> Prepare the spokespersons Inform the public Inform the media 	Revise the crisis communication plan based on lessons learned	<ul style="list-style-type: none"> Incorporate a correction plan to optimize the response in the future
Monitor and evaluate events	<ul style="list-style-type: none"> Understand the event Classify the event Identify and design the communication response and indicators 	Monitor and continue the response	<ul style="list-style-type: none"> Monitor public opinion Monitor the media Ongoing response 		

Source: Adapted from World Health Organization. Regional Office for Europe. Vaccine crisis communication manual. Copenhagen: WHO (WHO Europe); 2020. Pending publication.

Objective of the document

The main objective of this document is to support preparedness and response teams for crises related to vaccine safety to optimize the development of communication plans to regain, maintain, or strengthen trust in vaccines, vaccination, and immunization programs.

Although some sections of this document can be used to strengthen ongoing national communication activities, this publication focuses specifically on preparedness and response to crises related to vaccine and vaccination safety (Figure 2). This type of crisis requires a communication response that is different from communication strategies that aim to promote the general benefits and importance of vaccines. It is suggested to use this publication during each country's preparatory activities to develop a specific plan to respond to any vaccine- and vaccination-related crisis.

Target audience

This document is targeted at relevant managerial level actors in the areas of immunization and vaccine and vaccination safety, namely:

- Ministries of health.
- National regulatory authorities.
- National advisory committees on immunization.
- Regional bodies in charge of immunization.

Countries are invited to culturally and contextually adapt¹ the contents when developing both a communication plan and adequate messages for each situation.

¹ To obtain a support tool with which to adapt this document, see European Centre for Disease Prevention and Control. Translation is not enough: Cultural adaptation of health communication materials. A five step guide. Stockholm: ECDC, 2016. Available at: <https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/translation-is-not-enough.pdf>.

Figure 2. Communication goals for crises related to vaccine safety



1 PREPARATION PHASE: WHAT TO DO BEFORE A CRISIS

Good preparation is crucial to address any event capable of weakening trust in vaccines and vaccination. The preparation phase (Figure 3) is not an isolated event, but an ongoing process that nourishes the relationships with all relevant actors, keeps the public informed, monitors the media and social media, and regularly updates the crisis communication plan. The main objective of the preparation phase is to carry out ongoing communication activities to develop and maintain confidence in vaccines, vaccination, and the authorities. During this phase, it is necessary to implement ongoing communication efforts to raise awareness and communicate knowledge about the risks of diseases and the benefits of immunization. Populations that are resilient and well-informed about vaccination are less likely to be affected by vaccine- and vaccination-related fears, disinformation, and rumors.

To access a checklist and general recommendations to plan a national risk communication strategy, consult:

- Pan American Health Organization, Canadian International Development Agency, Centers for Disease Control and Prevention. Field guide for developing a risk communication strategy: From theory to action. Washington, D.C: PAHO; 2011. Available at: <https://www.paho.org/en/documents/field-guide-developing-risk-communications-strategy-theory-action>.
- Pan American Health Organization. Checklist for planning a national risk communication strategy . Washington, D.C.: PAHO; 2014. Available at: <https://www.paho.org/hq/dmdocuments/2014/2014-cha-checklist-risk-comm-strategy.pdf>.
- World Health Organization. WHO Strategic Communications Framework for effective communications. Geneva: WHO; 2017. Available at: <https://www.who.int/mediacentre/communication-framework.pdf>.
- Pan American Health Organization. Surveillance Manual of Events Supposedly Attributable to Vaccination or Immunization (ESAVI) in the Region of the Americas. Washington, D.C.: PAHO. Pending publication.

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Figure 3. Preparation: key actions



Get to know the evidence

Understand the determinants of communication about vaccine safety

Monitor public perceptions



Contact key actors

Identify collaborators and obstructionists

Create a list of actors



Establish response mechanisms

Train personnel

Prepare the messages



Inform the public to build resiliency

Raise the population's awareness about the benefits and risks related to immunization and vaccine-preventable diseases



Monitor and evaluate events

Understand the event

Classify the event

Identify and design a communication response and indicators to measure the development of the communication plan

Source: Adapted from World Health Organization. Regional Office for Europe. Vaccine crisis communication manual. Copenhagen: WHO (WHO Europe); 2020. Pending publication.

1.1 Get to know the evidence

The preparation phase should be devoted to compiling the largest amount of information possible. It is necessary to clearly understand all of the facts related to vaccines, vaccination, and the immunization program (Table 1). The area of immunization and vaccine-preventable diseases is subject to constant changes. Therefore, it is important to collect and update the evidence regularly and report these changes to decision-makers in a timely manner. Information will be handled with different levels of detail, adapting it to each manager's functions and duties. Knowledge of the facts will help in responding to crises more effectively, in particular when preparing key messages. Table 1 shows some examples.

Table 1. Examples of information collection

SYSTEM	VACCINES AND DISEASES	ERRONEOUS PERCEPTIONS
<p>Know the facts about:</p> <ul style="list-style-type: none"> • Systems for the notification and surveillance of events supposedly attributable to vaccination or immunization (ESAVI) • Mechanisms to seek out technical cooperation from PAHO • Adverse events (classification, causes, frequency, and severity) • Financial aspects (e.g., budgets, restrictions) • Actors interested in vaccination • Vaccine procurement and distribution • Vaccine cold chain management • Political addresses, positions, and disagreements 	<p>Know the facts about:</p> <ul style="list-style-type: none"> • Vaccines included in the routine schedule (e.g., safety profiles, ingredients, or components, effectiveness and efficacy, history of ESAVI notified, cost-effectiveness analyses) • Types of vaccines (live attenuated, inactivated, etc.) • Vaccine administration routes • Contraindications • Diseases that are addressed through the routine schedule (e.g., burden of disease) 	<p>Compile information and stay alert about:</p> <ul style="list-style-type: none"> • The public's concerns and fears and possible rumors and erroneous perceptions • Primary or secondary data related to side effects • Public opinion about vaccines and vaccination • Anti-vaccine movement activities • Blogs and social media groups

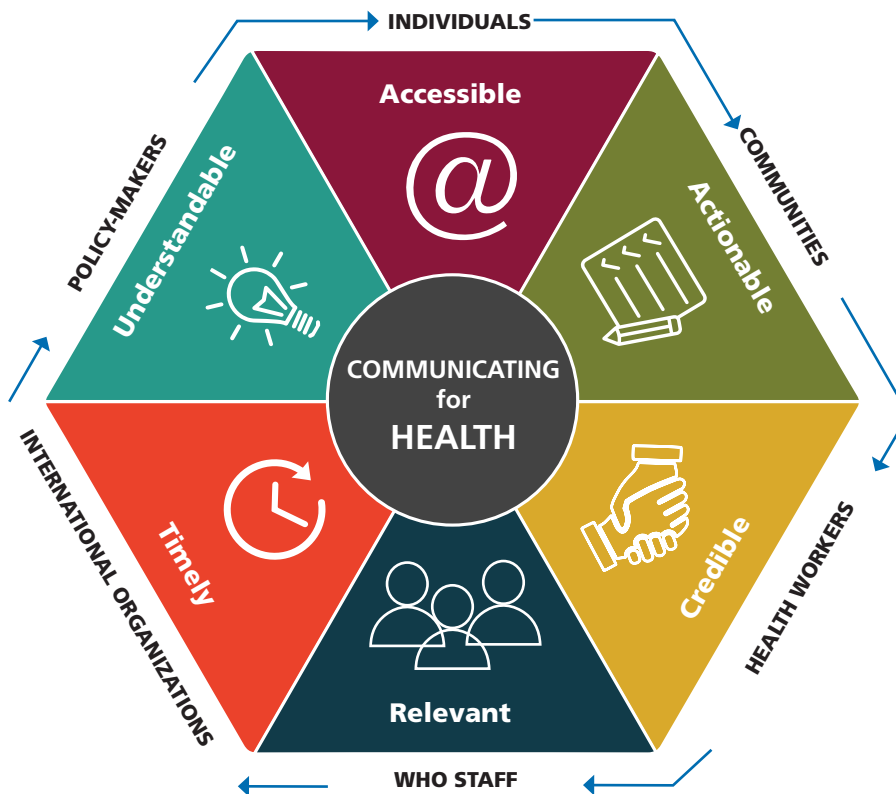
Source: Adapted from World Health Organization. Regional Office for Europe. Vaccine crisis communication manual. Copenhagen: WHO (WHO Europe); 2020. Pending publication.

1.1.1 Determinants of communication about vaccine safety

Principles of effective communication

To improve the dialogue between authorities and the public, strengthen public trust in institutions and authorities, and achieve better population health outcomes, it is crucial for communication to consider the principles shown in Figure 4. Furthermore, the team should adapt the contents and formats so that they are accessible to people in situations of disability.

Figure 4. The six basic principles of WHO communication activities



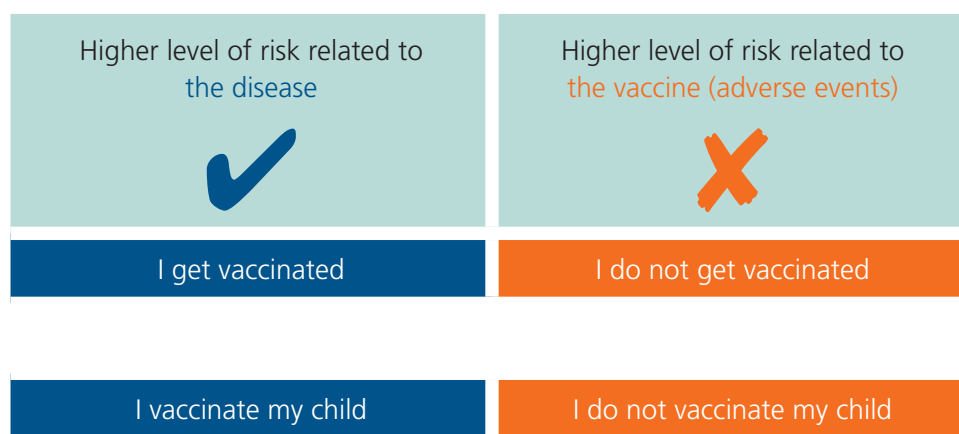
Source: World Health Organization. WHO Strategic Communications Framework for effective communications. Geneva: WHO; 2017. Available at: <https://www.who.int/mediacentre/communication-framework.pdf>.

Risk perception and decision to vaccinate

A key factor in communication about vaccine safety is how the public perceives risk. Both diseases and vaccines can be perceived as risks. A person may think that a disease has a certain probability of occurrence or severity and that vaccine side effects also have a certain probability of occurrence or severity. The basic formula to evaluate risk always consists of two factors: probability (for example, what is the probability that a side effect will occur?) and severity (if it occurs, how severe will it be?). As a rule, if the person perceives that the risk of disease is high, it is more likely that the person will get vaccinated or vaccinate his/her children. On the other hand, if the person perceives that vaccines pose a high risk, it is less likely that the person will get vaccinated or vaccinate his/her children (Figure 5). Vaccines are one of the most effective health interventions, since they have been able to control numerous diseases to the point that known cases of related pathologies are rare. For some people, fear of a given disease has been replaced with fear of vaccines.

As scientific evidence suggests, determinants of risk perception that can influence the decision to vaccinate are attitudes, identity, social norms (perceptions about what society and those around us expect us to do), descriptive norms (what others usually do), and customs and barriers to accessing vaccination (for example, the need for the person to devote resources, time, or effort, or the existence of administrative barriers such as operating hours at vaccination centers).

Figure 5. Risk perception related to the decision to vaccinate



Factors that affect individual risk perception

People convert all information about vaccines—whether they are media campaigns, personal conversations, medical recommendations, information published in the press, pro- and anti-vaccine information published on social media, or personal experiences, among others—into subjective perceptions of risk. However, humans are not computers and the result of the analysis of available information is imperfect. Both individual predispositions (training, comprehension capacity, health literacy, etc.) and the manner in which information is presented (timeliness, message, spokesperson, format, etc.) have an effect on perception and, ultimately, on the decision.²

This means that it should not be assumed that people trust the evidence or authorities, and the factors that affect individual risk perceptions are numerous. Two relevant issues should be considered: (i) emotions can have a greater impact on behavior than knowledge, and (ii) when constantly faced with uncertainty, through evolution human beings have developed mechanisms to facilitate risk perception. These mechanisms are called heuristics or cognitive biases and include:

- Affective heuristic: people tend to be guided by emotions (such as happiness, surprise, sadness, anger, fear, and revulsion), since they alert us to potential risks or, on the contrary, predispose us to act in certain ways to confront risks.
- Safety effect: the mind tends to focus more on losses than gains, that is, prioritizing avoidance of damage over attainment of benefits.
- Confirmation bias: it is more likely for people to trust messages that support a conclusion they have already reached, even when they are incorrect.
- Availability heuristic: people tend to make decisions based on facts or examples that come to mind immediately, like those that were recently published in the media. Forgetting facts that are distant, temporarily or geographically, is a natural tendency, even when they are important facts.

² World Health Organization. Regional Office for Europe Vaccination and trust. How concerns arise and the role of communication in mitigating crises. Copenhagen: WHO (WHO Europe); 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0004/329647/Vaccines-and-trust.PDF.

- Adjustment or anchoring heuristic: people tend to base their decisions on opinions that are familiar to them (known as anchors) and adjust them as they obtain more information.

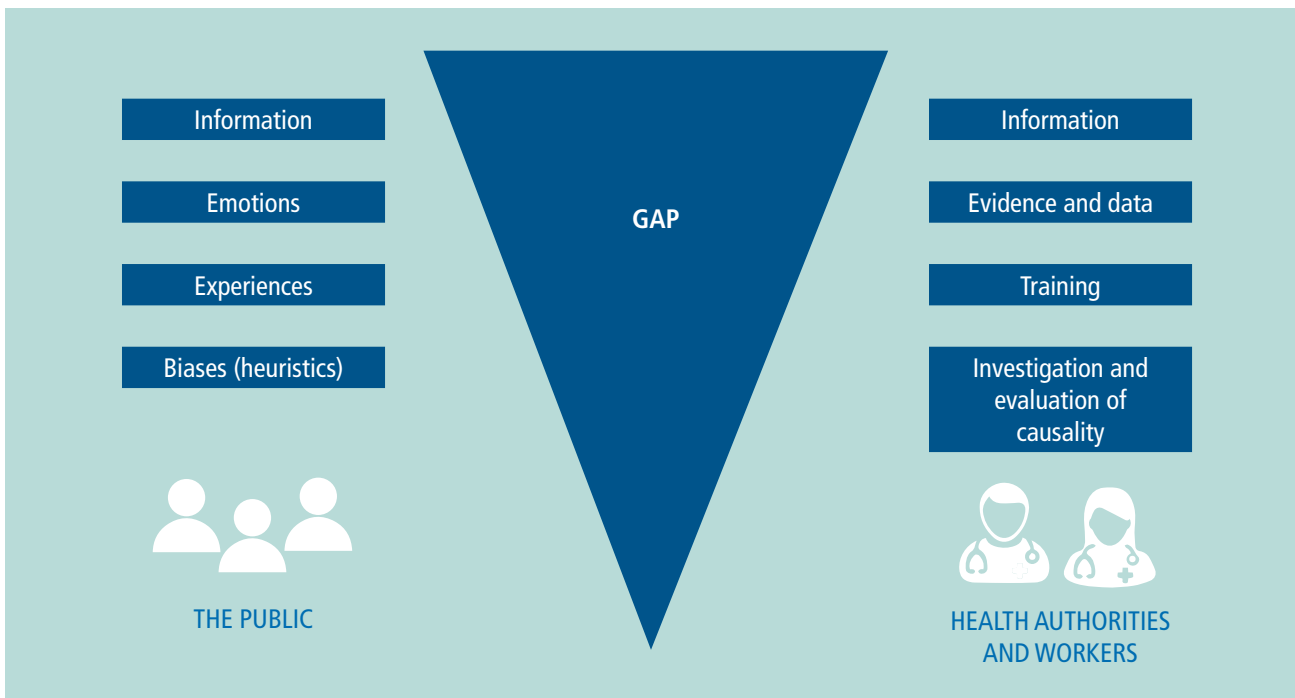
In short, cognitive biases or heuristics conceal the full image of a phenomenon and people will focus their attention only on certain aspects. Research indicates that this way of processing information happens unconsciously.³

Differences in risk perception between health workers and the public

Authorities evaluate risks and respond to them based on the most recent evidence. On the other hand, citizens evaluate and respond to risk based on emotions (cognitive biases or heuristics) and the information available to the public. This creates differences in risk perception (gaps) between groups. To develop constructive dialogue, it is important to understand, respect, and address these differences (Figure 6).

To build bridges that make it possible to decrease these gaps, it is essential for communication about risks to be carried out in a way that the audience understands it and finds it attractive. Furthermore, communication should be adapted to each specific group’s characteristics. In this case, responsibility for ensuring that the message is understood rests with the sender, not the recipient.

Figure 6. Gap in risk perception



Source: Adapted from World Health Organization. Regional Office for Europe Vaccination and trust. How concerns arise and the role of communication in mitigating crises. Copenhagen: WHO (WHO Europe); 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0004/329647/Vaccines-and-trust.PDF.

3 Tversky A, Kahneman D. The framing of decisions and the psychology of choice. Science. 1981;211 (4481): 453-458. Available at: https://www.uzh.ch/cmsssl/suz/dam/jcr:fffff-fad3-547b-ffff-ffffe54d58af/10.18_kahneman_tversky_81.pdf.

It is very important to consider that communication carried out by health authorities and workers should not allow room for moral judgment or assessment. Discrediting any of the public's concerns because they are based on beliefs or experiences and not on evidence is not recommended. Key communication points include:

- Carry out timely, accurate, and transparent communication.
- Coordinate with all actors relevant to communication about vaccine safety.
- Ensure that communication is bidirectional.
- Make all relevant actors participate.
- Select effective communication channels for each group.

Risk communication in crises related to vaccine safety represents a difficulty, but is also a great opportunity to improve communication. Negative rumors can be dispelled and actions can be taken to disseminate procedures, regularize and increase coverage, and correct errors or omissions with the goal of applying good practices.

When the gap in risk perception affects health workers

Health workers are the most reliable source of information about vaccines. Their technical knowledge authorizes them to answer questions on the subject. They are also in a privileged position to understand the population's concerns and turn to different communication formats to explain the benefits of vaccination. However, some studies have revealed that health workers, even those in charge of administering vaccines, may also be hesitant to get vaccinated or to vaccinate their children or patients. Another concern is that personnel may not have sufficient communication tools to initiate a fruitful dialogue with the population. For this reason, in-depth review of the document *Communicating about Vaccine Safety: Guidelines to help health workers communicate with parents, caregivers and patients*⁴ is recommended, for more information and practical recommendations for communicating with hesitant colleagues.

1.1.2 Monitoring perceptions about vaccine safety

The following lists some useful tools for monitoring public opinion, which should be adapted to each country's or region's contexts and realities. For more details, consult Table 2.

Objectives. Get to know the public perception about:

- concerns, fears, rumors;
- average rates (baselines) of side effects;
- public opinion about vaccines and vaccination;
- activities and opinions of anti-vaccine movements;
- information circulating on social media and shared by the press;
- information from external actors (debates at universities, declarations by politicians or other influential actors).

Relevant methodological aspects:

- Define precise objectives to understand public perception about vaccines and vaccination: they should be specific, measurable, achievable, relevant, and adapted to the time period available.

⁴ Pan American Health Organization. *Communicating about Vaccine Safety: Guidelines to help health workers communicate with parents, caregivers, and patients*. Washington, D.C.: PAHO; 2020. Available at: <https://iris.paho.org/handle/10665.2/53167>

- Define the public: for example, general population, fathers, mothers, adolescents, older adults, health workers, educators, decision-makers, etc. Consider the sample size needed to respond to the research question.
- Consider costs: consider associated costs or evaluate financing and support alternatives based on the methodology. For example, seek out collaborations with universities or scientific societies to develop studies or provide thesis topics for health professions and graduate studies in public health.
- Think about feasibility: analyze the time needed. The methodology for some studies requires more prolonged time periods for their development and analysis (for example, longitudinal or qualitative studies).
- Increase acceptability: depending on the data that needs to be collected, evaluate quantitative or qualitative methodologies to increase the acceptability of vaccination in the key audience.
- Remember ethical aspects: if studies or surveys will be conducted, always consider the ethical issues related to a research study and the need for ethics committee approval.
- Validate the messages, formats, and communication channels: they should be culturally appropriate.
- Present the results: prepare reports for each audience (report for authorities, scientific article, conference presentation, etc.).

Table 2. Examples of research and monitoring tools

Type of tool	Analysis
<p>1. Press summaries</p>	<p>Advantages: usually ministries of health and universities have a service that sends daily summaries of health news.</p> <p>Disadvantages: only certain news appears in major media outlets.</p>
<p>2. Opinion polls, questionnaires</p>	<p>Advantages: sensitive information can be obtained from the target population, including hard-to-reach populations.</p> <p>Disadvantages: the costs tend to be high since their development and analysis require specialized technical personnel.</p>
<p>Pan American Health Organization. Methodology for the evaluation of missed opportunities for vaccination. Washington, D.C.: PAHO; 2014. Available at: https://www.paho.org/hq/dmdocuments/2015/MissedOpportunity-Vaccination-Protocol-2014.pdf.</p>	
<p>3. Scientific research</p>	<p>Advantages: there are various methodologies that can be adapted to answer multiple research questions. Quantitative, qualitative, or mixed approaches make it possible to obtain very rich data.</p> <p>Disadvantages: the costs tend to be high since their development and analysis require specialized technical personnel.</p>
<ul style="list-style-type: none"> • Fathalla MF, Fathalla MMF. A practical guide for health researchers. Washington, D.C: Pan American Health Organization; 2008. Available at: https://www.who.int/ethics/review-committee/emro_ethics_dsa237.pdf. • Ulin PR, Robinson ET, Tolley EE. Qualitative methods in public health: A field guide for applied research. San Francisco: Jossey-Bass; 2004. 	

Table 2. Examples of research and monitoring tools (continued)

<p>4. Rumor monitoring</p>	<p>Advantages: high sensitivity for capturing signals. Opportunity to investigate messages or comments at an early stage. There are low- or moderate-cost surveillance systems.</p> <p>Disadvantages: it can take time if the team focuses on low-impact signals.</p>
<p>Palpán Guerra AL. Sistema de Alerta y Respuesta: Modelo de Vigilancia de Rumores. Lima: Ministry of Health of Peru; 2013. Available at: http://bvs.minsa.gob.pe/local/MINSA/2904.pdf.</p>	
<p>5. Social media monitoring</p>	<p>Advantages: high sensitivity for capturing signals. Opportunity to investigate messages or comments at an early stage. There are low- or moderate-cost surveillance systems.</p> <p>Disadvantages: it can take time if the team focuses on low-impact signals.</p>
<ul style="list-style-type: none"> Nuti SV, Wayda B, Ranasinghe I, Wang S, Dreyer PP, Chen SI, et al. The use of Google trends in health care research: A systematic review. PLoS One. 2014;9(10):e109583. Available at: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0109583 Orr D, Baram-Tsabari A, Landsman K. Social media as a platform for health-related public debates and discussions: the Polio vaccine on Facebook. Israel Journal of Health Policy Research. 2016;5:34. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5103590/. Becker BFH, Larson HJ, Bonhoeffer J, van Mulligen EM, Kors JA, Sturkenboom MCJM. Evaluation of a multinational, multilingual vaccine debate on Twitter. Vaccine. 2016;34(50):6166-6171. Available at: https://www.sciencedirect.com/science/article/pii/S0264410X16310386?via%3Dihub. Song MYJ, Gruzd A. Examining sentiments and popularity of pro- and anti-vaccination videos on YouTube. #SMSociety17: Proceedings of the 8th International Conference on Social Media & Society, July 2017, no. 17, 1-8. Available at: https://dl.acm.org/doi/10.1145/3097286.3097303. Guidry JPD, Carlyle K, Messner M, Jin Y. On pins and needles: How vaccines are portrayed on Pinterest. Vaccine. 2015;33(39):5051-5056. Available at: https://pubmed.ncbi.nlm.nih.gov/26319742/. 	
<p>6. Information on healthcare workers</p>	<p>Advantages: it takes advantage of existing capacity at health centers. The costs are low or moderate. In addition to receiving signals from health system users, it captures health workers' perceptions and concerns to clarify them in a timely manner, considering that their opinions have a strong influence on the general public's decision-making.</p> <p>Disadvantages: it could distort the perception of problems since they are an aware, trained population.</p>
<p>Fernández-Prada M, Ramos-Martín P, Madroñal-Menéndez J, Martínez-Ortega C, González-Cabrera J. Diseño y validación de un cuestionario sobre vacunación en estudiantes de ciencias de la salud [Design and validation of a questionnaire on vaccination in students of health sciences, Spain]. Revista Española de Salud Pública. 2016;90:e1-e10. Available at: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1135-57272016000100423.</p>	

To obtain additional information, consult the following documents:

- World Health Organization. Regional Office for Europe. How to monitor public opinion. Copenhagen: WHO (WHO Europe); 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0011/337493/02_WHO_VaccineSafety_SupportDoc_PublicOpinion_Proof4.pdf?ua=1.
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1.2 Work with key actors

Identifying key actors and building robust relationships with them is critical to providing rapid, effective responses to crises. This will strengthen public trust in vaccines, vaccination, and health authorities. Communication of coordinated messages and application of a shared communications plan limits negative interferences based on false data or erroneous interpretations and facilitates support from these actors.

During a crisis, these actors can become important collaborators who know the key populations and have access to them. A larger group of collaborators will also be available once the crisis starts. Similarly, it is advisable to identify actors that may block or hinder communication strategies to develop approaches to mitigate the potential negative impact they could have.

Who are the main key actors?

The main key actors may include government authorities, opinion leaders, professional associations (for example, healthcare workers), the media, school representatives, community leaders, and other institutions (Table 3).

Questions to identify key actors during the preparation stage include:

- Who can be an important supporter or a person capable of providing support, for example, in disseminating messages or communicating with other relevant actors?
- What are the most reliable sources of information for the target audience? (see Identifying target audiences)
- Who needs to be informed in the case of a vaccine- and vaccination-related crisis?
- Who might the media or the public want to ask questions about that event?
- Who could be adversely affected by the crisis and who could benefit from providing support to mitigate it?
- Who could be an opposing force and, for example, participate in debates defending an anti-vaccine position?

REMEMBER

It is fundamental to build robust relationships before the crisis. Once the crisis happens, it is no longer an ideal time to initiate new relationships.

Table 3. List of key actors

Institution	Title of actor	Function of actor	Responsibility of actor
Actors who collaborate			
Ministry of health			
National regulatory authorities			
National technical support group			
Scientific society			
Professional association			
National regulatory organization			
Ministry of education			
Ministry of science			
International organization			
Patient groups			
Universities and academia			
Research organizations			
Media (editors, journalists)			
Health professionals			
Community leaders			
Religious groups			
Institutions in affected areas			
Influencers, public figures			
Others			

Actors who create obstacles			
Politicians			
Media personalities			
Social media influencers			
Religious groups			
Others			

This list is only an example and should be adapted to each country's specific needs.

1.3 Establish coordination mechanisms

For coherent messages across all messages, in addition to coordinating and sharing messages with the media and the public, internal communication should function well. To achieve this, a communications coordination mechanism should be established, for example, an immunization communications working group. This builds working, collaborative relationships between relevant actors, for example, the national immunization program and the national regulatory agency, which would be linked to other participating departments or institutions. Furthermore, this communications coordination mechanism would be used to strengthen ongoing communication about immunization and ensure a coordinated response, based on messages that are aligned and part of a shared communication strategy.

Participation of immunization expert actors and representatives from the ministry of health and national regulatory authorities should be considered, along with key expert actors from various disciplines, such as communication, crisis management, community management, and the media, among others (aligned with national structures such as national advisory committees on immunization, vaccine and vaccination safety subcommittees, and available capacities).

It is important to define and assign responsibilities to each actor so that each one knows their role when responding to a crisis. If possible, the executive level decision-makers should be represented and informed about the activities at all times. Even though the crisis is an exceptional, high-pressure state, the team should be prepared for when it emerges. Responsibilities should be assigned to avoid duplication of efforts and ensure that the crisis is handled with greater effectiveness and speed. Each group member should be aware of their specific role and responsibilities during management of the crisis, which may be different from their routine ones given that daily tasks do not always correspond with the tasks assigned during exceptional situations.

1.3.1 Train personnel

Members of the vaccine safety communication group, and spokespeople and health workers' representatives, should be trained frequently.

To obtain additional information, consult the following documents:

- World Health Organization. E-learning course on Vaccine Safety Basics [internet]. WHO; 2013. Available at: https://www.who.int/vaccine_safety/initiative/tech_support/ebasic/en/.
- Centers for Disease Control and Prevention, United Nations Children's Fund, World Health Organization. [In Spanish] Comunicación de eventos adversos post-vaunales (EAPV) [internet]. CDC, UNICEF, WHO; no date. Available at: <https://agora.unicef.org/course/info.php?id=13525>.
- World Health Organization. Stakeholder management. WHO; 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0004/337495/02_WHO_VaccineSafety_SupportDoc_StakeholderManagement_Proof8-3.pdf?ua=1.
- World Health Organization. Template Terms of Reference for a vaccine communication working group. WHO; 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0005/337496/02_WHO_VaccineSafety_SupportDoc_TOR_Proof7.pdf

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1.3.2 Prepare the messages

Key messages help guide communications when faced with warning signs and when developing trust in vaccines and vaccination during a crisis. A crisis is not the ideal time to begin to prepare messages, or whenever possible a set of messages, which should be designed during the preparation phase.

The messages should be shared with all relevant actors so that the communication activities are aligned, but not yet disseminated. When the vaccine- and vaccination-related crisis starts, the messages will be adapted to it. Then they will be disseminated and shared with a larger audience. The key message development process itself can be very useful since it allows the organization and the network of relevant actors to prioritize communication goals and identify knowledge gaps.

It should be emphasized that these messages will be developed thinking about a potential crisis and that they will be different from those that are disseminated in the context of routine communication activities.

Scientific research has identified six determinants of trust (Figure 7). Consideration of these concepts during the message preparation phase is suggested to strengthen trust in vaccines.

Figure 7. Central principles to build trust (COTICE)

Competence	Demonstrates knowledge to manage a crisis.
Objectivity	The information and actions to manage a crisis should not be affected by conflicts of interest.
Transparency	It is fundamental for communication to be transparent, honest, and open. Facts should not be hidden.
Inclusivity	Consider all relevant opinions.
Consistency	All communication strategies should be coordinated and aligned and consider contextual and cultural differences.
Empathy	Dialogue should be bidirectional, considering concerns about vaccine safety and focusing on individual and population well-being.

Source: Adapted from Renn O. Risk communication: insights and requirements for designing successful communication programs on health and environmental hazards. En: Heath RL, O’Hair HD (eds.). Handbook of risk and crisis communication. New York: Routledge; 2008:81-99. Available at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.475.9497&rep=rep1&type=pdf>.

1.3.3 Understand the media

The media are natural partners for facilitating dialogue with the public. Their broad coverage and credibility make it possible to disseminate messages to most of the local or national population in record time. Thus, it is important to establish long-term trusting relationships with journalists and help them to include subjects and news that will be disseminated.

It is vital to understand how the press works and what is relevant for journalists:

- What factors cause a fact to be considered newsworthy, for example, the timeliness, relevance, identification, surprise, exclusiveness, etc.
- Characteristics of the media.
- Subjective attitudes of journalists and editors with regard to vaccination (supportive of or opposed to vaccination).

It is also fundamental to understand the strategies that journalists use and how to ensure that appropriate messages are understood and shared, avoiding dissemination of inappropriate messages.

Each type of media has its own communication codes

Television: tends to have national or local coverage. Television journalists can request video images. Care should be taken to record material that is respectful of people's dignity and complies with national laws. The advantages are the great impact that a good interview can have, together with its immediacy and rapid broadcast. It is important to consider that during a television interview, body language cannot be concealed, connections are usually live, and the attention focuses on both the person's image and what the person says.

Radio: stands out for its immediacy and is the media type with the greatest reach, reaching all sectors of the population. Its production costs are relatively low. Second only to the Internet, it is the media type that offers users the greatest interactivity. A disadvantage is that it is usually carried out live. And if recorded, it is possible that comments may be taken out of context when the audios are edited.

Press: it publishes in-depth reports and analytical articles. Although the circulation of printed press has declined, the major outlets have adapted to digital press formats, maintaining their credibility, prestige, and diversity of offerings to different audiences. In the case of printed press, its comparative disadvantage with digital newspapers and other digital media is that it takes longer to update. Furthermore, control over final editing of the article or interview is lost.

In all cases, it is useful to identify the spaces and sections of each media type that tend to publish health or general science issues. Contact with the journalists who coordinate those spaces should be established and their work dynamic and publication plans should be explored in-depth, all ahead of time.

Some of the objectives that the media seek are:

- timely, transparent, and up-to-date information;
- knowledge of the official position on the facts;
- knowledge of the most relevant information managed by international organizations (PAHO/WHO, CDC, etc.) or the ministry of health;
- appealing, clear, and truthful messages;
- key images, figures, testimonies, and declarations;
- resources that make it possible to better understand the event;
- clarification of rumors; and
- if mistakes are made, they be recognized and corrected.

Remember that, in addition to reporting, the media help to modify attitudes or behaviors that have potential effects on population health. They also promote social mobilization, which is key to transforming uncertainty into prevention, support, and solidarity actions. Maintaining contact and attention after the crisis can create opportunities to involve the media in promotion and prevention processes.

To obtain additional information, consult the following documents:

- Pan American Health Organization. Information management and communication in emergencies and disasters: Manual for disaster response teams. Washington, D.C.: PAHO; 2009. Available at: https://iris.paho.org/bitstream/handle/10665.2/34886/9789275129937_eng.pdf?sequence=1&isAllowed=y.
- World Health Organization. Regional Office for Europe. Vaccine Safety Events: Managing the communications response. Washington, D.C.: WHO (WHO Europe); 2013. Available at: https://www.euro.who.int/__data/assets/pdf_file/0007/187171/Vaccine-Safety-Events-managing-the-communications-response.pdf.

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1.4 Inform the public and build resiliency to address vaccine-related concerns

Ongoing communication with the public about the risks and benefits of vaccination can raise awareness and build knowledge about immunization and vaccine-preventable diseases. This can help create resiliency against erroneous interpretations and prevent the public and the media from increasing baseless fears in the case of an event related to vaccine safety.

This communication also makes it possible for authorities to monitor public opinion and respond adequately to rumors and disinformation. This makes it possible to develop research to better understand the target audiences (population groups) and test targeted messages and communication products that increase awareness about vaccines.

To obtain additional information, consult the following documents:

- Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. The Pink Book: Course Textbook. Hamborsky J, Kroger A, Wolfe S, eds. 13th edition. Washington, D.C.: Public Health Foundation; 2015. Available at: <https://www.cdc.gov/vaccines/pubs/pinkbook/chapters.html>.
- World Health Organization. Vaccine safety communication in the digital age. 2018 meeting report, 4-5 June 2018, Veyrier-du-Lac, France. Geneva: WHO; 2019. Available at: <https://apps.who.int/iris/handle/10665/311961>.
- World Health Organization. Four critical elements in the ongoing work to build and maintain confidence. WHO; 2017. Available at: https://www.euro.who.int/_data/assets/pdf_file/0019/333136/VSS-4-elements-confidence.pdf?ua=1http://www.euro.who.int/_data/assets/pdf_file/0019/333136/VSS-4-elements-confidence.pdf?ua=1.

References related to routine communication about immunization:

- United Nations Children's Fund. Interpersonal communication for immunization. Reference cards [internet]. 2019. Available at: https://ipc.unicef.org/sites/ipcfi/files/2019-05/IPC1%20Card_Final_030519.pdf.
- National Centre for Immunisation Research & Surveillance. Talking about immunisation [internet]. No date. Available at: <http://www.talkingaboutimmunisation.org.au>.
- European Centre for Disease Prevention and Control. Let's talk about hesitancy. Stockholm: ECDC; 2016. Available at: <https://www.ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/lets-talk-about-hesitancy-vaccination-guide.pdf>.
- European Centre for Disease Prevention and Control. Let's talk about protection: Enhancing childhood vaccination uptake. Stockholm: ECDC; 2016. Available at: <https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/lets-talk-about-protection-vaccination-guide.pdf>.
- European Centre for Disease Prevention and Control. Technical document. Communication on immunisation – Building trust. Stockholm: ECDC; 2012. Available at: <https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/TER-Immunisation-and-trust.pdf>.

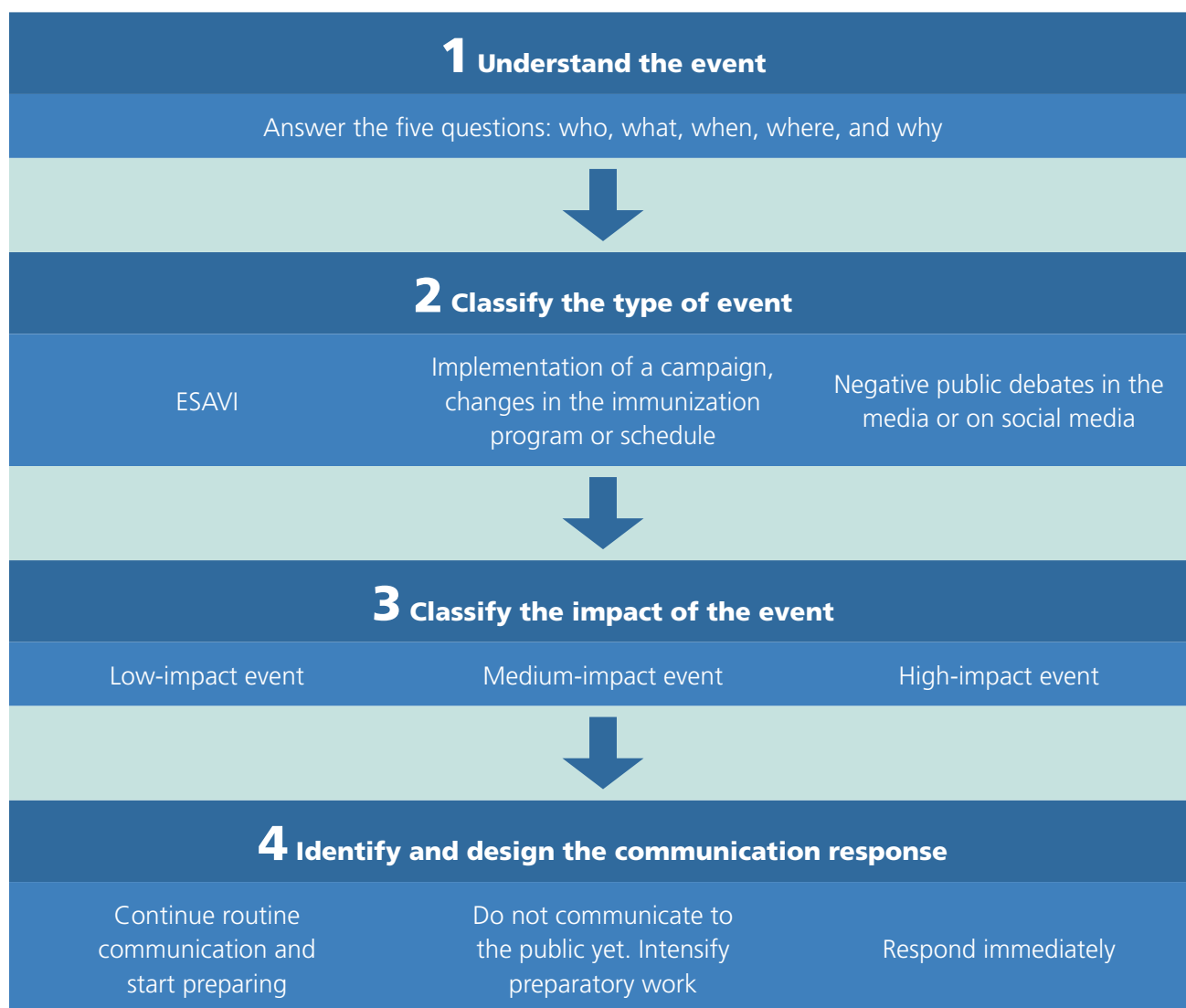
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1.5 Event monitoring and evaluation

During the work, it is important to monitor and evaluate events that can become a crisis (Figure 8), such as ESAVI, negative publications and debates about vaccine safety, and changes in vaccination schedules. This evaluation will make it possible to identify the most adequate response.

Figure 8. Summary of the process for adequately responding to an event that can erode trust in vaccines and vaccination



Source: Adapted from World Health Organization. Regional Office for Europe. How to ensure a context-specific response to events that may erode trust. WHO; 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0009/337473/02_WHO_VaccineSafety_SupportDoc_AnalysingEvents_Proof7.pdf.

Events can be classified according to their potential impact as (1) low, (2) medium, or (3) high (Table 4). Each category requires a different response.

Table 8 shows a detailed algorithm for the description and classification of events that can affect trust in vaccines and vaccination.

1.5.1 Understand the event

Consider the five questions who, what, when, where, and why (Table 4). During this process, consult the facts that have been compiled and are suggested in Section 1.1. (Understand the evidence).

Table 4. Information collection to understand the event

Answer the following questions:

- What happened? Is it serious?
- Who was involved in what happened?
- What could have caused the event?
- When and where did it happen?
- Who could influence the impact it will have? For example, think about passive and active influencers.
- Which vaccine is related to the event, both correctly and incorrectly?

Familiarize yourself with the country's context:

- What are the vaccination coverage rates (any recorded increases or decreases)?
- Which negative debates about vaccine and vaccination safety are present in the media or on social media?

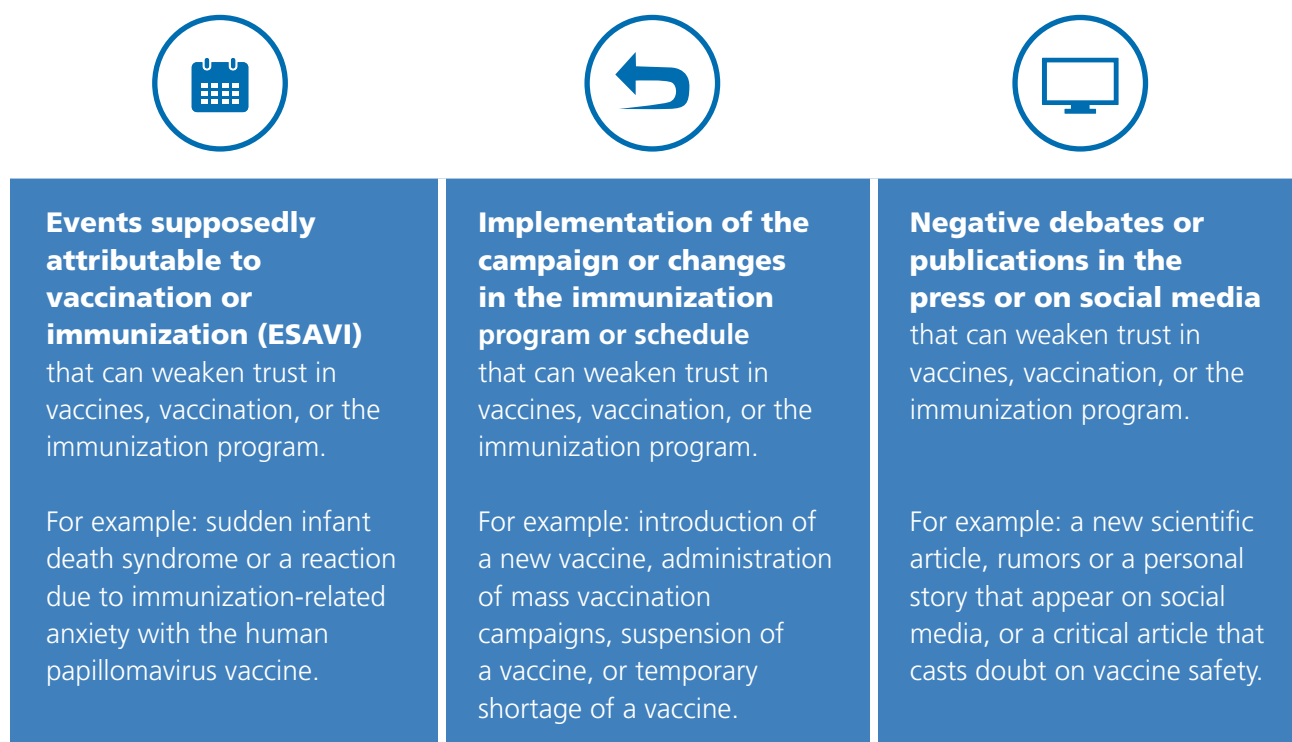
Potential information sources:

- ESAVI monitoring and reporting system.
- Experts from the ministry of health, immunization program.
- Local health workers.
- Laboratory, monitoring, surveillance, procurement, and logistics teams (according to the type of event).
- National regulatory authority.
- Other relevant ministries (for example, the ministry of education).
- Immunization experts and advisors.

1.5.2 Classify the event

First, the type of vaccine and vaccination safety event that is occurring should be evaluated (Figure 9).

Figure 9. Types of crises related to vaccine and vaccination safety



Source: Adapted from World Health Organization. Regional Office for Europe. Vaccine crisis communication manual. Copenhagen: WHO; 2020. Pending publication.

Second, whether the event is capable of having a low, medium or high impact on the immunization program should be evaluated. Use of the guide shown in Table 5 is suggested:

Table 5. Classification to evaluate the potential impact of an event

LOW-IMPACT EVENT	
<p>Events supposedly attributable to vaccination and immunization (ESAVI)</p>	<ul style="list-style-type: none"> • The event is not serious. • It is serious but not relevant in that context (for example, another country reacts negatively to a vaccine that is not used in the country). • It receives no media or public attention.
<p>Implementation of vaccination campaign, change in the immunization program or schedule</p>	<ul style="list-style-type: none"> • One vaccine is replaced with another that incorporates small changes in the reformulation. • It receives no media or public attention.

Table 5. Classification to evaluate the potential impact of an event (continued)

<p>Negative publications or debates in the press or on social media</p>	<ul style="list-style-type: none"> • It receives so little or no attention that it is unlikely to have a public impact. • The message or story does not trigger emotions, concerns, or fears. • The story or publication of investigation findings has little credibility. • It is unlikely that the investigation will receive public or media attention.
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Source: Adapted from World Health Organization. Regional Office for Europe. How to ensure a context-specific response to events that may erode trust. WHO; 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0009/337473/02_WHO_VaccineSafety_SupportDoc_AnalysingEvents_Proof7.pdf.

MEDIUM-IMPACT EVENT	
<p>ESAVI</p>	<ul style="list-style-type: none"> • The event is serious. • It is relevant (for example, it happened in the country or in another one that uses the same vaccine). • At this stage, the event does not receive media attention, but it can be anticipated that this will happen since it is a dynamic situation.
<p>Implementation of vaccination campaign, change in the immunization program or schedule</p>	<ul style="list-style-type: none"> • Any modification in the vaccination schedule (for example, replacement of vaccine, changes in the group that receives it, etc.) that receives very little or no public attention. However, it is foreseeable that the media and the public will be interested later on. <p>Note: vaccine replacements usually have a medium impact</p>
<p>Negative publications or debates in the press or on social media</p>	<ul style="list-style-type: none"> • The story receives some public attention. • It triggers some concerns and fears. • It is plausible.

Table 5. Classification to evaluate the potential impact of an event (continued)

HIGH-IMPACT EVENT	
ESAVI	<ul style="list-style-type: none"> • The event elicits significant media attention and intense reactions from the public. • It is serious. • The cause is still unknown. • It is dramatic or difficult to forget. • It occurs during a change in the immunization program. • There are several ESAVI or serious reactions.
Implementation of vaccination campaign, change in the immunization program or schedule	<ul style="list-style-type: none"> • There is negative media coverage. • Public concern is significant and the reasons that explain the event are not understood. • Cultural sensitivities trigger a negative response (for example, with respect to a new vaccine’s country of origin). • The change is related to vaccine safety (for example, during modifications in the program, adverse events have been recorded or the replacement is the result of an ESAVI). <p>Note: the new incorporation, withdrawal, or suspension of vaccines, and vaccination campaigns, tend to have a high impact.</p>
Negative publications or debates in the press or on social media	<ul style="list-style-type: none"> • The story receives significant public attention and triggers fears. • The source of the debates or publications has a large audience. • The source has considerable credibility and is influential. • The investigation receives significant public attention and is disseminated quickly. • The story is related to certain groups (for example, pregnant women or children) or sensitive subjects. • The story is published or disseminated during changes in the immunization program.

REMEMBER

The impact of an event tends to be greater when:

- people are afraid.
- those affected are children or babies.
- it receives considerable attention on social media or in the media.
- it happens during a massive immunization campaign.
- it is related to the incorporation of a new vaccine.

For more information, consult World Health Organization. Regional Office for Europe. How to ensure a context-specific response to events that may erode trust. WHO; 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0009/337473/02_WHO_VaccineSafety_SupportDoc_AnalysingEvents_Proof7.pdf

1.5.3 Identify and design a communication response

Low-impact events

Communication activity: continue routine communication activities and monitor public debate attentively.

Other actions:

- Continue the monitoring and reporting of any ESAVI.
- Continue building and strengthening robust ties with the media and other relevant actors.
- Maintain effective communication to ensure public trust in vaccines and vaccination.

Events with potential medium impact

Communication activity: be prepared for potential debate on the subject, but do not initiate any communication with the public yet.

Other actions:

- Activate the network of relevant actors.
- Begin developing messages and sharing them with key actors, spokespeople, and other relevant actors (for example, those who the media or the public can contact).
- Continue compiling information.
- Monitor the event carefully.

Events with potential high impact

Respond immediately: follow the steps described in chapter 2 (Implementation phase: How to respond to a crisis?).

Table 6. Communication responses to events with different degrees of impact

Low-impact events	Medium-impact events	High-impact events
Continue routine programming and start preparing.	Do not communicate to the public yet.	Respond immediately.
Phase 1: Preparation	Intensify preparatory work	Advance to Phase 2: Implement the crisis plan

Source: Adapted from World Health Organization. Regional Office for Europe. How to ensure a context-specific response to events that may erode trust. WHO; 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0009/337473/02_WHO_VaccineSafety_SupportDoc_AnalysingEvents_Proof7.pdf.

1.5.4 Indicators to measure the development of the communications plan

To measure the development of the communications plan, precise indicators should be used both prior to and after implementing the strategies. The indicators are useful for measuring the results of these strategies and evaluating their effectiveness.⁵

How should the indicators be presented?

- **Clearly defined:** whoever uses them can interpret them in a similar manner.
- **Reliable:** they produce the same measurements when they are used in repeated scenarios.
- **Valid:** they can be directly related to the objective.
- **Measurable or observable:** they can be quantified.
- **Practical:** they can be used to measure the effectiveness of the strategies and the availability of resources in the institutional context.

Furthermore, it is recommended that indicators meet certain methodological and ethical requirements when being constructed. Table 7 presents different examples and types of indicators.

Table 7. Types of indicators and examples

Type of indicator	Rationale	Examples
Access indicator	Audiences should be able to access the information they need to protect and improve their health. The appropriate communication channels should be identified and the capacity to reach priority audiences should be considered.	Number of publications. For example, publications presented on the Web or on official institutional social media accounts. Number of appearances in mass media. Number of publications adapted to audiences with special needs.
Feasibility indicator	The objective is for healthy behaviors to be adopted and policies that protect health to be implemented. To be effective, communication should consider the audience's knowledge, attitudes, and behaviors.	Number of health officials who were vaccinated against the virus that causes the flu (influenza). Number of health centers that have expanded their vaccine administration operating hours outside of working hours.

⁵ Adapted from WHO (2017) WHO Strategic Communications Framework for effective communications.

Table 7. Types of indicators and examples (continued)

<p>Credibility and trust indicator</p>	<p>Trust in institutions is a key factor in public adherence to recommendations. Every opportunity to strengthen institutional trust should be taken, so that shared information is the basis for decision-making.</p>	<p>Number of institutional Twitter account followers who shared publications with their networks.</p> <p>Number of official spokespeople who received theoretical and practical training in communication and media.</p> <p>Number of negative comments in response to an official publication on social media or in the press.</p>
<p>Relevance indicator</p>	<p>Communications should provide the audience with information on health, recommendations or guidelines that are applicable to each person, family, or community.</p>	<p>Number of people who downloaded risk communication materials from official platforms.</p> <p>Number of telephone calls received through health care platforms.</p> <p>Rumor detection: number of appearances of terms that can be related to vaccine hesitancy (for example, thimerosal, aluminum, autism, natural immunity) on social media or in the press.</p>
<p>Temporality indicator</p>	<p>The information, recommendations, or guidelines should be communicated in a timely manner, so that audiences can make informed decisions.</p>	<p>Time elapsed from the drafting of the key messages to their distribution to the media.</p> <p>Publication of daily, weekly, or monthly press releases.</p>
<p>Comprehension indicator</p>	<p>The messages should be adapted to different audiences.</p>	<p>Results of the evaluations of health worker trainings.</p> <p>Number of communication materials adapted to each local reality.</p>

Before implementing the indicator, its sensitivity, specificity, relevance, and other aspects should be evaluated conscientiously.

Source: Adapted from World Health Organization. WHO Strategic Communications Framework for effective communications. Geneva: WHO (WHO Europe); 2017. Available at: <https://www.who.int/mediacentre/communication-framework.pdf>

Table 8. Most appropriate communication responses according to the event type and impact level

Event		
Event supposedly attributable to vaccination or immunization (ESAVI)		
Description		
Any unexpected health situation (unfavorable or unintentional symptom, abnormal laboratory finding, symptom, or disease) that occurs after vaccination and that does not necessarily have a causal relationship with the vaccination or biological product.		
Level of impact		
<p>The event is low-impact when:</p> <ul style="list-style-type: none"> • It is not serious. • It is serious but not relevant in the context (e.g., in another country, there is a reaction to a vaccine that is not used in the country). • The event receives no media or public attention. 	<p>The event is medium-impact when:</p> <ul style="list-style-type: none"> • It is serious. • It is relevant (e.g., it occurred in the country or in another country that uses the same vaccine). • The event does not receive media attention at this stage, but it can be anticipated that it will occur later since it is a dynamic situation. 	<p>The event is high-impact when:</p> <ul style="list-style-type: none"> • The event receives significant media attention and elicits intense reactions from the public. • It is serious. • The cause is still unknown. • It is difficult to forget or dramatic. • It occurs during a change in the immunization program. • There are several ESAVI or serious reactions. • The affected groups include children, adolescents, pregnant women, or other vulnerable groups.
Key actions		
<ul style="list-style-type: none"> • Always being prepared to respond to these events with declarations and key messages that are designed ahead of time and training spokespeople is recommended (review of the preparation phase in this document is suggested). • These events can cause public insecurity or anxiety and can be widely advertised. • All responses should be transparent and explain how the event is being investigated and how this information will be shared. • Monitoring the media and public reactions is critical. • When there is a change in the immunization program or schedule, always being prepared for media interest and public concerns is recommended. 		

Table 8. Most appropriate communication responses according to the event type and impact level (continued)

Event		
Implementation of vaccination campaign, change in the immunization program or schedule		
Description		
This includes:		
<ul style="list-style-type: none"> • introducing a new vaccine, • replacing a vaccine, • conducting vaccination campaigns, • suspending a vaccine, • temporarily recalling a vaccine. 		
<p>Note: It can be a planned measure to improve population protection, or a precautionary measure in a situation of uncertainty. It can take place in another country but relate to a vaccine used in the national immunization program.</p>		
Level of impact		
<p>The event is low-impact when:</p> <ul style="list-style-type: none"> • A vaccine is replaced with another one that has small changes in the formulation. • It receives no media or public attention. 	<p>The event is medium-impact when:</p> <ul style="list-style-type: none"> • vaccines are replaced, and there is no or very little public attention. 	<p>The event is high-impact when:</p> <ul style="list-style-type: none"> • There is negative media coverage. • Public concern is significant and the reasons that explain the event are not understood. • Cultural sensitivities trigger a negative response (for example, with respect to a new vaccine's country of origin). • The change is related to vaccine and vaccination safety (for example, there were adverse events during modifications in the program, or the replacement is the result of an ESAVI). <p>Note: the new incorporation, withdrawal, and suspension of vaccines, and vaccination campaigns, tend to have a high impact.</p>
Key actions		
<ul style="list-style-type: none"> • Communications should carefully explain the reasons for the changes to address any concerns. • In the case of a suspension or temporary withdrawal, it should be very clear that it represents a precautionary measure that reflects a strategy that prioritizes safety and precaution. • In the case of a new vaccine against the pandemic flu, it should always be considered a new vaccine since it protects from a new flu subtype. 		

Table 8. Most appropriate communication responses according to the event type and impact level (continued)

Event		
Publications, media and scientific debate on vaccination		
Description		
<p>This includes:</p> <ul style="list-style-type: none"> • Scientific publications in journals or on academic platforms. • Unconfirmed rumors. • Personal stories on social media. • Critical articles in the media. • New critical scientific studies. <p>Some elements can be fully or partially truthful, an anecdote, or totally false. The coverage can be national or international.</p>		
Level of impact		
<p>The event is low-impact when:</p> <ul style="list-style-type: none"> • Story receives little to no public attention. • Story does not raise concerns or fears. • Story is not plausible. • Research has low credibility. • Research is unlikely to receive public attention 	<p>The event is medium-impact when:</p> <ul style="list-style-type: none"> • The story receives some public attention. • The story promotes some concerns and fears. • The story is plausible. 	<p>The event is high-impact when:</p> <ul style="list-style-type: none"> • The story receives significant public attention and triggers fears. • The source has a large audience. • The source has strong credibility and is influential. • The investigation receives significant public attention and is disseminated quickly. • The story is related to certain groups (e.g., pregnant women or children) or sensitive subjects. • The story is published or disseminated during changes in the immunization program.
Key actions		
<ul style="list-style-type: none"> • Debates about the safety of and need for vaccines are common, especially on social media. Depending on the situation, whether it is necessary to respond and how should be determined. • Scientific research from unreliable sources, which questions vaccine and vaccination benefits or safety, are not infrequent. They often do not generate public reactions and therefore, whether it is necessary to respond and how should be evaluated. • When a response is issued, the gap between risk perception and emotional aspects in the narrative should always be considered. Furthermore, it should be kept in mind that mistaken perceptions are not clarified only through the delivery of evidence. 		

Source: Adapted from World Health Organization. Regional Office for Europe. How to ensure a context-specific response to events that may erode trust. WHO; 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0009/337473/02_WHO_VaccineSafety_SupportDoc_AnalysingEvents_Proof7.pdf

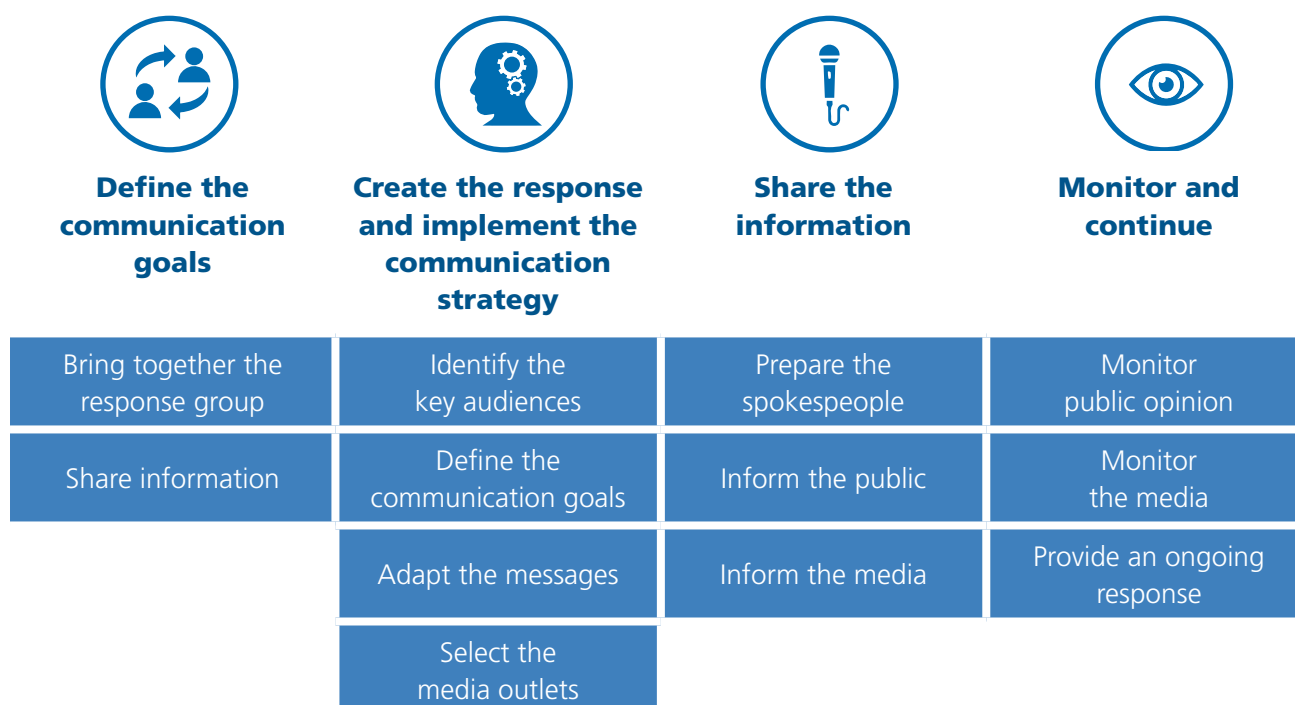
2 IMPLEMENTATION PHASE: HOW TO RESPOND TO A CRISIS

The actions described in this chapter correspond to events with a high impact on the level of trust in vaccines and vaccination.

The response provided during the first hours and days of a crisis is fundamental and defines the development and final impact that a crisis can have on the population's trust in vaccines. Following the points of the key actions proposed in Figure 10 is recommended to effectively manage the first days of a crisis and meet the proposed objectives.

In the initial phase it is fundamental to maintain a high level of transparency in internal communications (working group) and external communications (with the public). Although not all information is available at this time, it is important to communicate what is known and what actions have been undertaken to obtain more information on the event. Showing transparency, as has been described, demonstrates health authorities' professionalism and dedication and helps to maintain the public's trust in the immunization program.

Figure 10. Response to a crisis: key actions



Source: Adapted from World Health Organization. Regional Office for Europe. Vaccine crisis communication manual. Copenhagen: WHO (WHO Europe); 2020. Pending publication.

2.1 Coordinate and commit

2.1.1 Bring together the response group

During the first hours of a crisis, it is important to bring together all of the key actors and form a group in charge of responding to the high impact event immediately. This group of actors is based on the response mechanism developed during the preparation phase (to obtain more information, see Box 1.3 Establish coordination mechanisms). This response group can be formed entirely by response mechanism members or be smaller and limited to actors who work specifically in the area of management of vaccine- and vaccination-related crises.

As in the preparation phase, it is essential that all group members be able to identify with the communication goals and carry out the same actions to respond to the crisis. This mechanism facilitates all actors having a consensus position and alignment of the key messages communicated to the public.

World Health Organization. Regional Office for Europe. Template Terms of Reference for a vaccine communication working group. WHO (WHO Europe); 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0005/337496/02_WHO_VaccineSafety_SupportDoc_TOR_Proof7.pdf.

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2.1.2 Share the information among the response group

Once the response group is activated, it is important to share new evidence regularly to ensure that all group members work on the same communication goals and follow the same response plan. Strengthening a communication flow that makes it possible for group members to provide information at the national level and in turn inform key actors that work in institutions at the subnational level is suggested. In this way, the working group will identify the spokespersons who will interact with the media and the public, providing aligned and up-to-date messages.

2.2 Create the response and implement the communication strategy

2.2.1 Identify the target audiences

It is necessary to have in-depth knowledge of the target audiences so that the communication plan and anticipated actions adapt to the needs, knowledge, practices, attitudes, concerns, and fears of different population groups and key actors (Figure 11).

During the initial moments of a crisis, public opinion about vaccination or a specific vaccine should be evaluated. In this context it is fundamental to identify the principal sources from which the target audiences obtain information about immunization and health in general. If possible, both media and trusted sources should be identified. Which media or public figures do these groups trust with regard to decision-making about vaccination? It is equally important to know which media or public figures they do not trust (for example, if the vaccine and vaccination safety crisis has caused a reduction in the credibility of health authorities, the official spokesperson should involve other actors validated by the community and seek out a spokesperson support team).

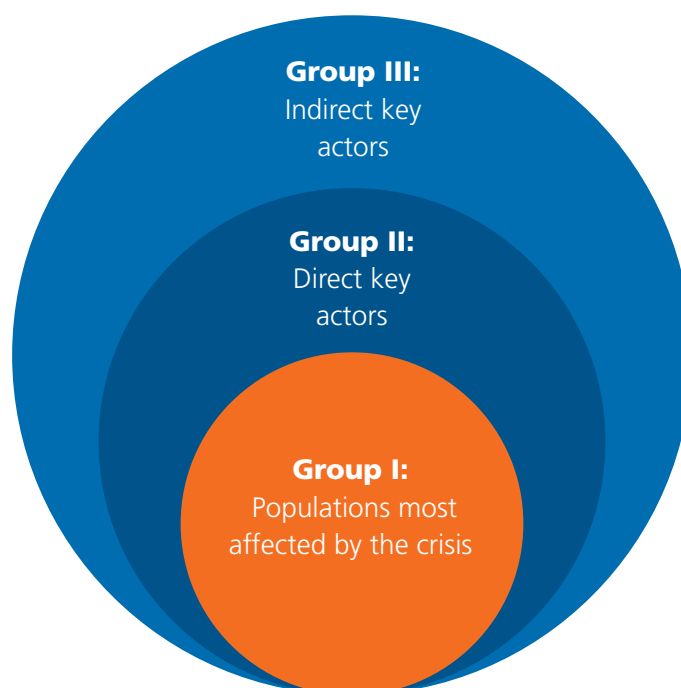
To adequately address the needs of these communities, it can be useful to carry out an analysis that classifies the audiences into three different groups according to their common needs and characteristics, as described below.

World Health Organization. Effective communications: participant handbook for WHO staff. WHO; 2015. Available at: <https://www.who.int/communicating-for-health/resources/participant-handbook-english.pdf?ua=1>.

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Figure 11. Example of the classification of the target audience



Source: Adapted from World Health Organization. Regional Office for Europe. Vaccine crisis communication manual. Copenhagen: WHO (WHO Europe); 2020. Pending publication.

Group I: Populations most affected	Group II: Direct key actors	Group III: Indirect key actors
<p>This group includes the populations that are most affected by an event that can erode trust in vaccines and vaccination.</p> <p>Who the target audience will be will depend on the type of event or crisis. Each one is different and, accordingly, each case should be analyzed. Furthermore, the communication plan will adapt to the situation and context. It is important to carry out an evaluation that identifies the target audience and its communication and information management needs.</p>	<p>This group includes the actors or population groups that can have a direct impact on group I's perception or behavior. They can help to achieve a behavior change in group I.</p> <p>Group II can include:</p> <ul style="list-style-type: none"> • local leaders; • religious leaders; • opinion leaders; • members of the community and affected families; • community organizations; • parents and grandparents; • educators; • journalists and social media influencers; and • community-based health centers. 	<p>This group includes actors who can indirectly promote, strengthen, or negatively interfere on the perceptions and behavior of group I or II. Their reactions contribute to social, cultural, and political factors that can serve as tools in the creation of an enabling environment to achieve and later maintain the desired behavior change.</p> <p>Group III can include:</p> <ul style="list-style-type: none"> • politicians; • relevant institutions; • members; • PAHO/WHO, Centers for Disease Control and Prevention (CDC), and other international organizations; • NGOs; • civil society; and • social media activists.

2.2.2. Define communication goals

In this step, the communication goals and objective should be defined based on the available evidence and the analysis of the target audience (Table 9).

Table 9. Examples of communication goals and objectives for high impact events

GOALS	OBJECTIVES
<p>The principal goal of each response to a crisis should be to maintain or regain public trust in the immunization program, vaccines, and vaccination as a health intervention that saves lives.</p> <p>Additional goals can focus on informing, convincing, and reaching a mutual understanding of vaccine safety, vaccination, and the health workers that apply them.</p> <p>The public should trust that health authorities' decisions and policies are based on scientific evidence.</p>	<p>The objectives should focus on the audiences and define 2 to 6 objectives that are reflected in the communication goals. They should adapt to the type of crisis and promote evidence and reliable sources.</p>

Table 9. Examples of communication goals and objectives for high impact events

Example

A child dies 5 hours after receiving a dose of the pentavalent vaccine at a local health center. The preliminary data indicate that there is no causal relationship between the death and the vaccine.

Level of potential impact: high

Principal goal: maintain or regain public trust in the vaccine, authorities, and health workers.

Objective I: communicate about the event and the preliminary findings of the investigation as soon as possible.

Objective II: cooperate with community leaders.

Objective III: cooperate with the local media.

Objective IV: establish a format for direct communication with the population to answer questions related to vaccine safety, vaccines, and immunization in general.

Objective V: provide information on the risks and benefits of immunization, vaccine- preventable diseases, and the vaccine in question.

Source: Adapted from World Health Organization. Regional Office for Europe. Vaccine crisis communication manual. Copenhagen: WHO (WHO Europe); 2020. Pending publication.

2.2.3 Adapt the messages

As indicated earlier, the process for preparing messages constitutes a fundamental part of the preparation phase (to obtain more information on the preparation of messages, see Section 1.3.2. (Prepare the messages) and the Annex). In this transition from response to crisis, the messages prepared should be adapted to the specific context in which the crisis happens (Table 10). During the adaptation process it is fundamental to consider the target audiences, their vaccination-related knowledge, practices, and attitudes, the available evidence, and the results of the first response group meetings.

The following recommendations should be considered:

- Define the type of information that target audiences should know and retain.
- Define the desired behavior change.
- Focus on clear, brief, and concise messages.
- Carry out a risk-benefit analysis associated with vaccination and vaccine-preventable diseases.
- Create a series of messages for each target objective.
- Support the arguments and messages with evidence based on reliable sources.
- Consider the emotional element when writing the messages or communications.
- In the case of a death, communicate the information transparently and show empathy toward the affected families and communities.

Table 10. Examples of messages related to events that can have a high impact

When there is little or no information:

- We want to express our sincere support for the people affected by this tragedy.
- We are committed to doing everything that we can to investigate what caused this tragic event. We have allocated additional resources to establish a group of experts that will investigate the event in-depth. At this time, nothing indicates that the case/s was/were caused by the vaccine.
- We are committed to providing all of the updated information and research findings. To obtain more information about vaccine and vaccination safety and regular updates from the national immunization program, please consult [the link for the official site to which the consultation will be derived should be included here].

When there is more information:

- Scientific evidence has demonstrated that there is no causal relationship between vaccination and sudden infant death syndrome (SIDS). To guarantee the protection of children against diseases that can be fatal, some vaccines are administered during the life period in which babies can suffer SIDS. In other words, unfortunately, the occurrence of SIDS coincides with the vaccination.
- Vaccination saves lives and prevents many diseases that can be fatal. The risk of side effects is extraordinarily low. Some possible side effects that could appear are a skin rash (exanthema), mild fever, or reddening, sensitivity, or mild inflammation at the injection site.
- The benefits of vaccination greatly outweigh the minimal risk of a serious vaccine-related adverse event. In this context, it has been studied that 30% of measles cases report one or more health complications, such as pneumonia, encephalitis, and even death, in comparison with the minimum risk of an allergic reaction due to the measles vaccine.
- The vaccine used was prequalified by the PAHO/WHO approval system. The PAHO/WHO drug and vaccine prequalification process ensures that the product is authorized through strict clinical trials. PAHO/WHO carries out periodic inspections of manufacturing plants to guarantee the fulfillment of the highest standards consecrated in the Good Manufacturing Practices (GMP).
- Scientific research has demonstrated that vaccines that protect against more than one disease (combination), such as the vaccine against measles, mumps, and rubella, are safe, save resources and time, and make it possible to concentrate visits to the health center. Furthermore, this reduces inconveniences because the quantity of injections is reduced. Combined vaccines also increase the probability that a child will receive all vaccines on time, fulfilling the national immunization schedule and helping to keep the child protected.
- Despite high general coverage of [insert name of vaccine], some children are missing the opportunity to be protected and continue to be exposed to a high risk.
- Our country has set up all of the necessary steps to avoiding an outbreak of [insert name of vaccine-preventable disease] through a mass vaccination campaign to reach the entire target population.

Source: Adapted from World Health Organization. Regional Office for Europe. Vaccine crisis communication manual. Copenhagen: WHO (WHO Europe); 2020. Pending publication.

The messages should be adapted to the target audience.

- Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. The Pink Book: Course Textbook. Hamborsky J, Kroger A, Wolfe S, eds. 13th edition. Washington, D.C.: Public Health Foundation; 2015. Available at: <https://www.cdc.gov/vaccines/pubs/pinkbook/chapters.html>.
- World Health Organization. Regional Office for Europe. How to prepare a message map [internet]. WHO (WHO Europe); 2017.
- Available at: https://www.euro.who.int/__data/assets/pdf_file/0007/337489/02_WHO_VaccineSafety_SupportDoc_MessageMap_FINAL.pdf
- Pan American Health Organization. Risk communication and social mobilization in support of vaccination against pandemic influenza in the Americas: General planning guidelines. Washington, D.C.: PAHO; 2009. Available at: https://www.paho.org/hq/dmdocuments/2009/h1n1pg_annexd_riskcommunication.pdf.

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2.2.4 Select the media outlets

At this point in the crisis it is important to select adequate media to disseminate the key messages (Table 11). The optimal media for disseminating messages that reach the target audiences should be evaluated. If time permits, carry out prior testing to validate the materials and messages with members of the target audience or audiences.

Table 11. Information dissemination tools and channels

Tools	Media or communication channels
<ul style="list-style-type: none"> Newsletters in all types of media. Catalogs and pamphlets. Media announcements. Press conferences and releases. Interviews with different media outlets. Live sessions on social media. 	<ul style="list-style-type: none"> Media (printed and digital newspapers, television, radio, etc.). Social media. Community networks. Associations of parents, health workers, etc. Associated institutions (PAHO, WHO, UNICEF, NGOs, local organizations, etc.). Social media influencers. Individual contacts with health workers, professors, educators, religious leaders, or others.

Source: Adapted from World Health Organization. Regional Office for Europe. Vaccine crisis communication manual. Copenhagen: WHO (WHO Europe); 2020. Pending publication.

- Pan American Health Organization. Information management and communication in emergencies and disasters: Manual for disaster response teams. Washington, D.C.: PAHO; 2009. Available at: https://iris.paho.org/bitstream/handle/10665.2/34886/9789275129937_eng.pdf?sequence=1&isAllowed=y.
- World Health Organization. Regional Office for Europe. Vaccine Safety Events: Managing the communications response. Washington, D.C.: WHO (WHO Europe); 2013. Available at: https://www.euro.who.int/__data/assets/pdf_file/0007/187171/Vaccine-Safety-Events-managing-the-communications-response.pdf.

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2.3 Share the information

As has been indicated, the roles and responsibilities should be defined during the preparation phase. It is highly recommended that the highest-level national health authority be the principal spokesperson during the crisis or alternatively, this authority could delegate this function. This will prevent the public confusion that could emerge if different sources disseminate contradictory information or messages.

2.3.1 Prepare the spokespeople

Ideally, the spokespeople will already have been trained during the preparation phase. At this point the spokespeople should be informed and consider the following actions to prepare an interview:

- Research potential main themes of the interview.
- Understand the potential perspective or position of the media sources or journalist.
- Be clear about the value added by this interview. What is the primary goal?
- Adapt the messages to the goal of the interview.
- Identify and review the evidence (information on the event, but also on the immunization program in general).
- Consider who is the most adequate person to carry out this interview.
- Gather information on who the journalist will be and how long the interview will last.
- Gather information on whether other people will also be interviewed.
- Simulate possible scenarios and difficult questions and be prepared to handle any uncertainties or erroneous perceptions.
- Train and prepare extensively.

For more information on the frequently asked questions that journalists formulate, refer to the Annex to this document.

- World Health Organization. Regional Office for Europe. Safety events: Planning the immediate media response [internet]. Copenhagen: WHO (WHO Europe); 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0004/337486/02_WHO_VaccineSafety_SupportDoc_MediaResponse_Proof11.pdf?ua=1.
- World Health Organization. Regional Office for Europe. Tips for spokespersons [internet]. Copenhagen: WHO (WHO Europe); 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0004/333139/VSS-tips-spokepersons.pdf?ua=1 http://www.euro.who.int/__data/assets/pdf_file/0004/333139/VSS-tips-spokepersons.pdf?ua=1
- World Health Organization. Regional Office for Europe. The questions journalists always ask in a crisis [internet]. WHO (WHO Europe); 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0017/333134/VSS-journalists-questions.PDF?ua=1.
- World Health Organization. Regional Office for Europe. Strategies used by journalists during interviews or press conferences [internet]. WHO (WHO Europe); 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0003/333138/VSS-journalists-strategies.pdf?ua=1.
- World Health Organization. Regional Office for Europe. How to prepare a press release [internet]. WHO (WHO Europe); 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0020/333137/VSS-press-release.pdf?ua=1.

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2.3.2 Inform the public

The main purpose of dialogue with the public and communication during a crisis is to build, maintain, or rebuild trust in the importance and benefits of vaccination and immunization. The aim is to establish a trusting relationship between health workers and the public that promotes the concept of vaccine safety.

Table 8 offers key actions to adequately respond to the crisis (for more information, consult Chapter 1.5, Monitoring and evaluation of events). It is important to respond to an event immediately and in a transparent manner. However, it is also important to analyze the advantages and disadvantages to issue a broad immediate response to not cause unnecessary concerns that could contribute to a loss of trust. In any case, if in doubt, it is preferable to establish an initial dialogue with the population and jointly evaluate the communication strategies to follow with the response group.

During the dialogue with the public, the following should be considered:

- Try to ensure that the assigned spokespeople are the first people to communicate about the event (both the positive and negative elements). It is important to be the first to shape the narrative about the event and how it will be presented to the public.
- Regularly update the public about progress related to the situation and communicate new evidence and useful information through the appropriate media (digital, press, social media, direct lines of communication with the responsible authorities, etc.).
- Recognize the public's concerns and fears regarding the situation. Different behaviors related to social, cultural, ideological, and religious determinants and risk perception should be respected. In this context, it is important to prepare messages to close the gap between experts (authorities and health workers) and the public.
- If the situation so requires, it is important to maintain a frequent public presence and favor proactive responses based on the concept of bidirectional communication (participatory dialogue in which health authorities and the public participate).
- It is fundamental to reach consensus across all of the stakeholders' positions and align the key messages that are communicated to the public.
- It is preferable to not publicly present potential differences of opinion between authorities and key actors.
- It is fundamental to seek the active collaboration of key actors outside of the response group to amplify the impact of the spokespeople (influencers, academics, technical experts from different sectors, and others).

2.3.3 Communicate with the media

It is important to be prepared for contact with the media. In some circumstances, it is advisable to first seek out the media to carry out a more proactive communication strategy. Seeking a proactive, bidirectional relationship with the media makes it possible to shape the narrative and communicate evidence and correct information to the public before a third party disseminates an alternative story that can create erroneous perceptions about the event.

Before contacting the media, it is important to determine a clear communication strategy and ensure that all relevant actors know about it. This prevents the circulation of contradictory messages. To achieve this goal, it is important for the most updated evidence to be considered and, from there on, for each change in strategy to be discussed ahead of time.

The recommendations for spokespersonship are:

- Have in-depth knowledge of all of the available evidence and information related both to the context of the immunization program and the event.
- Prepare key messages to respond to difficult questions that could be formulated during contact with the media (for example, during a live interview).
- Establish and maintain trusting relationships with the media (know which media outlets or journalists cover the health or science news, who can serve as partners in a crisis or are recognized by the population as credible information sources).
- Understand which dissemination channels and outlets are best for reaching target audiences.
- Maintain good relationships with all key actors, including community leaders.

2.4 Monitor and continue the response

2.4.1 Monitor public opinion during a crisis

During a crisis, it is important to monitor public opinion with respect to vaccines, vaccination, health authorities, and other relevant subjects to appropriately address the population’s needs, knowledge gaps, hesitancy, and risk perception (Table 12).

Monitoring public opinion helps to:

- Better understand target audiences.
- Respond to rumors and erroneous perceptions more appropriately and effectively.
- Continually update and adapt the communication strategy to build resiliency when facing events that can create fear and erode trust in vaccines, vaccination, or the authorities that administer them.
- Meet the communication goals.

Table 12. Tools for monitoring public opinion

Carry out a brief analysis	Compile evidence through a direct line established to inform the public
Conduct qualitative research to obtain more information about the population’s knowledge level and attitudes about vaccination, service delivery, and health authorities (for example, through focus group discussions).	Establish a direct line or an chat where the public can ask questions about immunization. Record and analyze the questions. It is necessary to ensure that there are sufficient budgetary and human resources to maintain these direct networks. It is important that the personnel handling these networks be able to answer technical questions, disseminate and promote evidence, and provide reliable information sources. Furthermore, it is important that the personnel are trained and able to dialogue with parents who are concerned, frightened, or hesitant about vaccination.

Table 12. Tools for monitoring public opinion (continued)

Compile evidence from frontline health workers	Use the network of actors
Ask health workers to report frequent questions and concerns about vaccination, in particular when new questions or erroneous perceptions emerge.	Consult the group of actors, colleagues, associated organizations, friends, and family members about their vaccination-related attitudes, knowledge, and practices. Ask them to report on rumors or erroneous perceptions.

2.4.2 Monitor the media

It is essential to monitor the media, including print, digital, and social media, to search for possible erroneous perceptions, rumors, and other signs of new worries, concerns, or fears.

It is recommended to subscribe to services and platforms that analyze social networks, Internet searches, daily reports on new developments, and trending terms in the immunization and public health arena. It is suggested to create a list of relevant Web pages and social networks and to assess them on a regular basis to keep abreast of current debates and public perceptions about vaccine safety. This helps to plan, update, and adapt the communication strategy. To obtain more detailed information, consult Section 1.1.2., Monitoring perceptions about vaccine safety.

2.4.3 Ongoing response

During crises related to vaccines, vaccination, or the immunization program, it is important to activate and maintain a high level of receptivity and empathy toward the population and continually adapt the response to the current situation.

The public's concerns about vaccination may increase during a crisis and new topics can also emerge. Therefore, it is fundamental to monitor public opinion in order to respond immediately to the concerns as they arise. A well-established surveillance system can help to detect rumors that, if not adequately addressed, can erode trust in vaccines, vaccination, and the immunization program in general. Rumors circulate particularly easily among population groups that are poorly informed and have low awareness about the importance and benefits of vaccination. It is important to continue:

- Coordinating and informing the response group.
- Monitoring public opinion.
- Monitoring the media to supervise the evolution of the situation.
- Making a commitment to key actors.
- Informing the spokespeople about possible changes in and progress related to the situation.
- Regularly informing and meeting with the primary actors.
- Regularly adapting the key messages, frequently asked questions, or other materials.
- Informing the public.
- Listening to and analyzing public concerns to respond to them appropriately.

3 EVALUATION PHASE. HOW TO EVALUATE THE RESPONSE TO A CRISIS

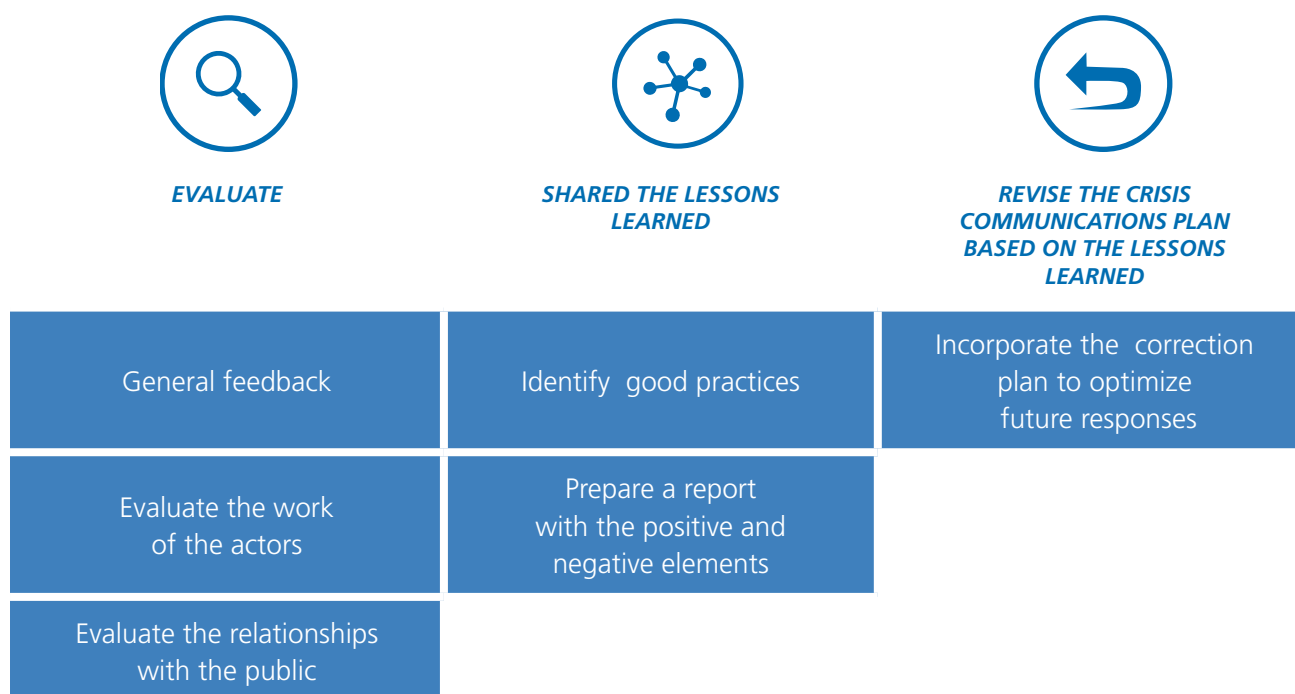
During this phase (Figure 12), the communication response to a vaccine- and vaccination-related crisis should be evaluated in order to identify lessons learned, assess whether the initially identified targets and goals were met, and analyze which actions could be implemented to obtain better results in the future.

It is not always easy to determine whether the objective of maintaining or strengthening trust in vaccines and vaccination was achieved. Special attention should be paid to the following:

- Coordination with the crisis response group and other key actors.
- Elements related to transparency and communication with the public.
- Understanding the perspectives of the public and target audiences.
- Selection and effectiveness of communication channels.

Although the vaccine- and vaccination-related crisis has concluded and been handled efficiently, the preparation phase for a new potential crisis should be initiated. This means that all relevant actors should know their roles and continue monitoring public perceptions of vaccines.

Figure 12. Evaluation: key actions



Source: Adapted from World Health Organization. Regional Office for Europe. Vaccine crisis communication manual. Copenhagen: WHO (WHO Europe); 2020. Pending publication.

3.1 Evaluate

During this phase, teams should evaluate their success or effectiveness in managing the crisis, in particular whether or not they managed to maintain or regain the public’s trust. The following questions can guide this phase.

Table 13. Questions to evaluate the success or effectiveness of crisis management

General feedback and evaluation
<ul style="list-style-type: none"> • To what degree was crisis management effective? • Was the general response to the crisis effective? • Was the response developed in a timely, quick manner? • Was the general communication objective met? • Which weaknesses were identified? • In the case of a new vaccine- and vaccination-related crisis, what could be improved and how? • Was there adequate consideration of vulnerable populations, including those with different abilities or in situations of disability? • Was a budget available to handle the vaccine crisis? Did it include additional human resources, if needed? If so, were the available resources sufficient?

Table 13. Questions to evaluate the success or effectiveness of crisis management (continued)

Immunization communications working group and management of relevant actors

- Was the crisis response group or another alternative response mechanism established on time?
- Were all key actors involved?
- Were the key actors appropriately informed throughout all stages of the process?
- Were the key actors receptive and did they act according to their responsibilities and roles?
- Was any conflict of interest perceived among the key actors?
- How could the team be better prepared for a future crisis? (for example, planning specific trainings).

Relationships with the public

- Was the public informed in a timely, transparent manner?
- Were the public's concerns and fears adequately considered?
- Were the public's concerns and fears monitored adequately throughout the phases of the process?
- Was a bidirectional communication strategy implemented during each phase of the process?
- Did all key actors respond adequately to the media outlets' requirements?
- Was the team able to respond effectively to the public's concerns?

Source: Adapted from World Health Organization. Regional Office for Europe. Vaccine crisis communication manual. Copenhagen: WHO (WHO Europe); 2020. Pending publication.

3.2 Share the lessons learned

A report should be prepared with the principal findings, lessons learned, good practices, and positive and negative elements that were registered during management of the crisis. It will be shared with the response group and other relevant key actors.

3.3 Revise and strengthen the crisis communications plan

Be sure to incorporate the lessons learned and good practices identified during the evaluation process in a plan aimed at correcting crisis communication and optimizing the response in a future crisis.

4 Glossary

Professional associations	<p>In this document, a professional association is understood as an association or union of professionals from a discipline that undertakes specific activities to contribute to national guidelines related to the profession represented by the association. One example is the Puerto Rico Nursing Professionals Association.</p>
Bidirectional communication	<p>Unlike unidirectional communication, bidirectional communication builds active dialogue among authorities, health workers, and the population. This communication model establishes the exchange and interaction between key actors and the population and is based on the concept of listening and promoting direct feedback.</p>
Crisis related to vaccine safety	<p>In this document, it is defined as an event with high potential for weakening public trust in vaccines, vaccination, and the authorities responsible for them. It requires immediate action and an effective response to control the negative impact that the event could have on public trust in vaccines, vaccination, health authorities, and the national immunization program.</p>
Event related to vaccine safety	<p>Any event that can weaken public trust in vaccines, vaccination, and the responsible authorities. Unlike vaccine- and vaccination-related crises, not all of these events will become crises. According to the context, they can have a low, medium or high impact on the public's trust. In this document, only high-impact events are considered to be vaccine- and vaccination-related crises. However, medium-impact events can end up becoming crises, which means that preparation activities should be intensified.</p> <p>The following three types of events related to vaccine safety are proposed:</p> <ol style="list-style-type: none"> 1) adverse events (ESAVI), 2) changes in the immunization program or vaccination schedule, and 3) negative publications or media debates related to vaccines and vaccination.
Event supposedly attributable to vaccination or immunization (ESAVI)	<p>Any unexpected health situation (unfavorable or unintentional symptom, abnormal laboratory finding, symptom or disease) that occurs after vaccination and that does not necessarily have a causal relationship with the vaccination or biological product.⁶</p>

⁶ This definition comes from Pan American Health Organization. Surveillance Manual of Events Supposedly Attributable to Vaccination or Immunization (ESAVI) in the Region of the Americas. Washington, D.C.: PAHO. Pending publication.

<p>Influencer</p>	<p>In this document, an influencer is understood as someone:</p> <ol style="list-style-type: none"> 1. whose presence and high visibility in the media (for example, on social media or a personal blog) means that all their actions enjoy a certain level of credibility among their followers, who respect their opinion. 2. who is able to influencing the behavior of a group of people. 3. who, from a communication standpoint and according to the context, can have a positive or negative impact on the level of public trust in vaccines, vaccination, and the authorities responsible for them.
<p>Response coordination mechanism</p>	<p>The coordination mechanism established by the ministry of health or other health authority in charge of preparedness and response to a vaccine- and vaccination-related crisis, for example, the immunization communication working group. This group can include a great diversity of key actors from several institutions and representatives from different knowledge areas, among them, immunization and communications experts. During a crisis, this group can form a working subgroup to adapt the response to the context of the crisis (for example, a crisis related to the HPV vaccine will require a response from a group of specific experts whose profile will be different from the response group for a crisis related to the publication of a negative article about vaccines in general).</p>
<p>Vaccine safety</p>	<p>Guiding institutional and human behaviors toward the minimization of risks caused by vaccines and the maintenance of their effectiveness.⁷</p>

⁷ Idem.

<p>Scientific societies</p>	<p>In this document, it is understood as an association or group of experts in a scientific discipline that facilitates meetings and the presentation of results and, in this way, contributes to that area of scientific research. Some examples are the Chilean Epidemiology Society, the Colombian Medical Student Association of Scientific Societies, or the Argentine Society of Infectious Diseases.</p>
<p>Resiliency</p>	<p>Abilities that achieve positive results with regard to individual and collective health indicators, despite the occurrence of negative events or serious threats.⁸ In the case of a vaccine- or vaccination-related crisis, resiliency serves as a tool for maintaining trust in vaccines and vaccination in spite of a negative event (for example, ESAVI, rumors, negative publications that question vaccine safety, etc.).</p>

⁸ World Health Organization. Regional Office for Europe. Strengthening resilience: a priority shared by Health 2020 and the Sustainable Development Goals. Copenhagen: WHO (WHO Europe); 2017. Available at: https://www.euro.who.int/__data/assets/pdf_file/0005/351284/resilience-report-20171004-h1635.pdf.

5 Annexes

A. Template to develop a crisis communication plan related to vaccine safety

VACCINE OR RELATED PRODUCT

1. Event and monitoring:

Vaccine safety:

Briefly describe the risk-benefit profile of the vaccine or vaccines, their use and impact, and any emerging concern about their safety, public debate, etc.

Epidemiology:

Describe the key aspects and epidemiological trends of the disease.

Public:

Briefly describe the contextual, cultural, social, and political considerations. Describe the audiences, their knowledge, attitudes, and practices, their concerns, the need for information, and media preferences.

Describe the relevant actors, including community leaders, opinion leaders, etc.

Describe the challenges and opportunities for communications about this event.

Monitoring the public, concerns, rumors, and need for information:

Briefly describe the monitoring activities and keep the information flow up-to-date during the development of the event, for example, monitoring public debates (can use predefined media lists or data intelligence services or turn to academic research departments), monitoring the media and public queries to institutions, and constantly interacting with key actors (opinion leaders, etc.).

2. Communication objectives:

Briefly describe which changes in knowledge, attitudes, or practices, and which health outcomes, the communication aims to achieve in different audiences (target population, fathers or mothers, health workers, decision-makers, academic societies, etc.), and include objectives such as compiling the public's concerns and need for information. The objectives should be specific, measurable, achievable, relevant, and adapted to the time period available.

3. Design of the communication intervention strategy

Target audience:

Define and prioritize the target audience (population that will receive the communication intervention, fathers or mothers, health workers, decision-makers, academic societies, etc.), specifying the setting (community, health center, etc.). Include the obstacles and facilitators to achieving the communication objectives. Describe how the audiences can share their concerns with the institution and how they can participate in the communication design process.

Identify audiences that are vulnerable or have special needs, in order to adapt the contents (older adults, people in situations of disability, children, indigenous populations).

Motivations and barriers:

Define the motivational factors that should be strengthened and the mechanisms that should be activated to overcome obstacles to achieving the communication objectives.

Key messages:

Write short, understandable key messages about the risks, safety, and safe use of vaccines, supported by data and evidence and adapted to each audience, and define the mechanism to validate the messages. Contextualize concerns about safety with data on exposure and vaccination coverage and evidence about vaccination benefits. Recognize and compile the public debate and concerns with respect and empathy. Develop the message map (see below).

Consider the preparation of messages and communication materials in all of the target population's languages and dialects.

Communication tools and dissemination mechanisms with a mixed media strategy:

Define the tools (written, visual, or audio material) that will be used to disseminate the contents, appropriately adapted for each audience and each environment (for example, printed material for health workers to distribute in hand, reports or declarations sent by mail or mobile phone, articles in scientific journals or written media, community acts, radio, television, social media platforms, etc.).

Define the communication channels that consider vulnerable audiences.

Interaction with journalists and other key actors (activists, community leaders, etc.):

Establish communication channels to receive questions from the public by telephone or online. If necessary, coordinate press conferences. Prepare the key elements for responding to questions from the media and attach to the communications plan.

Scheduling:

Define every task force member's roles and responsibilities, including specific deadlines. Identify the spokespeople.

Organize the drafting of preliminary documents, consultation with key actors, validation of messages and other communication strategies, drafting of reports, and dissemination and evaluation of communication strategies.

Transparency:

Understand what information will be published or disseminated to the public when requested and have it available.

4. Monitoring and evaluation:

Describe the activities for monitoring the dissemination and expected and unexpected impact of the communication strategy, in particular the effectiveness of the communication objectives, and any change in the event (epidemiological changes in the disease, public debates, etc.). Describe whether the need to improve the communication strategy plan was identified and how optimization will be achieved. Describe how lessons learned will be shared.

Source: Council for International Organizations of Medical Sciences. CIOMS Guide to vaccine safety communication. Report by topic group 3 of the CIOMS Working Group on Vaccine Safety. Geneva: CIOMS; 2018. Available at: <https://cioms.ch/wp-content/uploads/2019/05/WEB-CIOMS-Communication-Guide-2018.pdf>.

Pan American Health Organization. Checklist for planning a national risk communication strategy. Washington, D.C.: OPS; 2014. Available at: <https://www.paho.org/hq/dmdocuments/2014/2014-cha-checklist-risk-comm-strategy.pdf>.

B. How to prepare a message map

Having messages that are well-prepared, appropriate, empathic, and coordinated with all the key actors is a critical element for maintaining confidence during a crisis. The development of the message map is an activity that warrants dedicated time due to its usefulness and multiple applications.

1 Define three key messages

Begin by defining three general messages. Define only three because it will be difficult to remember more. The interview or conference may be short and the audience will not be able to assimilate more messages.

Then, expand the general messages with support messages and insert the messages in the table, using the message map.

Table B1. Format and structure of a message map

1	2	3
Key message 1	Key message 2	Key message 3
Supporting message 1a	Supporting message 2a	Supporting message 3a
Supporting message 1b	Supporting message 2b	Supporting message 3b
Supporting message 1c	Supporting message 2c	Supporting message 3c

The message map will help to:

- **Agree on messages** with the team to ensure that they are aligned across all key actors.
- **Prioritize and structure** messages with the team.
- **Test messages** with members of the target audiences to determine whether they are understood or whether there are potential barriers and recommendations for improvement.
- **Be precise** with complicated topics.
- **Ensure appropriate responses** under pressure.
- **Be consistent** and repeat key messages.
- **Appropriately handle** difficult questions and challenges.
- **Be more confident**, and, as a result, have greater power of conviction.
- **Identify gaps** in knowledge.
- Identify the need for more **spokespeople**.
- **Prepare spokespeople** for interviews or press conferences.

Even if the map contains a lot of information, its visual format and clear structure help you remember the messages.

2 Shape the messages

The content of the messages will depend on the context. However, the tone used should follow some basic recommendations.

General principles for the messages:

- **Target audience:** identify the audience and adapt the key messages to their proficiency level.
- **Honesty:** do not attempt to conceal the facts.
- **Precision:** cite the evidence, facts, and concrete data. If possible, use figures and illustrations.
- **Empathy and comprehension:** recognize the concerns that can exist and respond to them.
- **Uncertainty:** acknowledge uncertainty and explain what is unknown, what is being done to learn more, and when it is anticipated that more information will be shared.
- **Benefits of immunization:** insist on the benefits.

Frequently asked questions for which preparations should be made

Related to vaccine safety:

- What happened?
- Who was affected?
- Where did it happen?
- When did it happen?
- Why did it happen?
- Will it happen again?

Related to the response:




- Who is in charge?
- What are they doing how?
- What can people do to protect their families, the community, or themselves?
- What are you doing to prevent this event from happening again?

3 Share the message maps with key actors

Consistency in messages is critical during a crisis. If two key actors, such as spokespeople for two different ministries, issue contradictory messages, this generates uncertainty and mistrust. The media will probably highlight this contradiction, which could make it seem like the responsible authorities are confused or acting inappropriately.

- Make sure that your colleagues and key actors know the messages.
- Messages are effective when more than one person communicates them.
- Aligned, coordinated messages prevent confusion and loss of trust.
- Coordinate trainings for spokespeople so that certain key actors practice the messages.

Table B2. Example of message map

 <p>Measles is dangerous</p>	 <p>The campaign is necessary</p>	 <p>The vaccine is safe</p>
<p>1a Measles is one of the leading causes of death in children around the world. Two of every 1,000 children infected with measles will die in the United States.</p> <p>1b Disease complications can cause pneumonia, blindness, encephalitis (infection that causes brain inflammation), severe diarrhea and dehydration, otitis, or severe respiratory infections.</p> <p>1c In 2013, almost 150,000 people died worldwide (400 every day or 16 every hour).</p>	<p>2a One of the strategies that our country has initiated to prevent future measles outbreaks is a vaccination campaign.</p> <p>2b The target group for vaccination is people ages 20-24 in the 15 regions. The campaign aims to vaccinate 80% of these people.</p> <p>3c Measles cases have increased in the Region and the target population is susceptible to illness because it has not been in contact with the virus.</p>	<p>3a The vaccine saves lives and prevents suffering. The risk of adverse events as a result of the vaccine is minimal. The most frequent events are red spots on the skin and fever. One person in a million can have a serious allergic reaction.</p> <p>3b The vaccine that will be used in the campaign is very safe and effective. It is produced by the Serum Institute of India and used in 45 other countries, including the United States, Netherlands, United Kingdom, and Switzerland.</p> <p>3c The vaccine has been approved by the World Health Organization (WHO). Before applying it, rigorous tests are carried out in clinical trials. Afterward, WHO always regularly inspects the facilities where the vaccine is produced to ensure good production practices.</p>

Source: Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. *The Pink Book: Course Textbook*. Hamborsky J, Kroger A, Wolfe S, eds. 13th edition. Washington, D.C.: Public Health Foundation, 2015. Available at: <https://www.cdc.gov/vaccines/pubs/pinkbook/chapters.html>.

C. Recommendations for being a good spokesperson

1 Confidence and transparency

During each contact with the media, the key word is “trust.” It is not sufficient to provide correct information. Effective communication is achieved only when the public’s trust is won and maintained. To attain trust during a vaccine- and vaccination- related crisis, it is necessary to promote dialogue in which communication is based on transparency. When the public receives information about the data being collected, how the unknown is being managed (information gaps), risk assessments, and decision-making processes, it is likely that their level of understanding and trust will increase.⁹

Before accepting an interview, it is necessary to understand the conditions in which it will take place and whether acceptance is likely to be positive or counterproductive. For example, a debate about vaccine safety in a mass media outlet can be counterproductive, because it creates the false sensation that vaccine safety is subject to debate, increasing public confusion. On the other hand, an interview in which there is opportunity to provide concrete data can help people make decisions based on up-to-date scientific evidence.

PRINCIPLES OF EFFECTIVE COMMUNICATION DURING A CRISIS

- Be the first person to communicate good or bad news. This makes it possible to influence how events will be presented in the future. Often, the first source of information becomes the preferred source.
- Provide information frequently and repeat the official sources where updates can be obtained (Web sites, official social media accounts, telephone lines, etc.).
- Understand the public’s attitudes, behavior, beliefs, cultural aspects, and risk perceptions. Prepare and adapt the messages and try to communicate to close the gap between experts and the public (consult the document *Communicating about Vaccine Safety: Guidelines to help health workers communicate with parents, caregivers, and patients*. Available at: <https://iris.paho.org/handle/10665.2/53167>).
- Try to ensure that all spokespeople have a single message.
- Avoid attacking the credibility of public figures who are loved and validated by the public (television presenters, anti-vaccine activists, etc.). Even if there is disagreement with the person’s opinions, evaluate which strategies can be used to clarify the messages without discrediting the person.
- Seek out, interact, and gain support from other actors with public credibility, such as experts from different universities.
- Maintain a frequent presence in various media outlets.



PREPARING FOR AN INTERVIEW OR PRESS CONFERENCE

- Find out which type of media will disseminate the interview (television, radio, print, digital press, etc.), the outlet's perspective or editorial line (whether or not it supports vaccines), which topics will be addressed, who else will be interviewed (ask about this ahead of time), and whether the interview will be done live or recorded for later release.
- If the interview will be disseminated in a written outlet, you will have time to send updated data and evidence to the journalist. Always include official contact information.
- If the media outlet has opposed vaccines in the past, find out why before accepting the interview.
- Reach an agreement with your organization about why you are going to respond to the interview and about the communication objectives. Accept the interview only when you have a clear message to communicate.
- Plan the scenario. Identify relevant key actors, anticipate the questions and concerns, prepare and test the messages, and anticipate follow-up questions and practice your responses.
- Choose two or three central messages and focus on them during the interview. Practice bridge techniques with these messages (see below).
- Prepare to handle uncertainty. Honestly recognize what is unknown and what concerns scientists about what is unknown.
- Review and re-review the precision of the data you will communicate.
- Understand the details: who will be present during the interview? What will happen during the interview and in what order? How long will the interview last?



INTERVIEWS OR PRESS CONFERENCES: HOW WILL YOU BE PERCEIVED DURING THESE COMMUNICATIONS?

- Listen, acknowledge, and recognize the public's fears, anxiety, and uncertainty.
- Show respect, understanding, and empathy.
- Calm the audience, but recognize that the situation is troubling and that fear is a natural reaction.
- Maintain calm and control, even when facing the public's fears, anxiety, and uncertainty.
- Deliver authentic communications that manage to communicate emotions (anger, passion, hope, courage, and sense of community).
- Show honesty, sincerity, ethics, candidness, and availability.
- Demonstrate empathy for the victims and their families.
- Be particularly sensitive about events that have affected newborns, children, or pregnant women.
- Remember that nothing is off the record. Assume that you are always being recorded and that any dialogue can be replayed in an interview.
- Avoid humor (jokes or irony). If you believe that humor could be useful, use it cautiously.
- Consider who makes up your audience and adapt actions and messages appropriately.
- Do not attempt to impress the audience with an attitude of superiority. You should transmit confidence but not arrogance.



INTERVIEWS AND PRESS CONFERENCES: WHAT TO SAY

- Be precise. Share your knowledge. This transmits credibility and confidence.
- Communicate your key messages at the beginning of the interview and repeat them at the end.
- Acknowledge uncertainty. Communicate what is known and what is unknown. Transmit what is being done to obtain information, which procedures are being followed, and when new data is expected. The public should be prepared for recommendations that may change and should be encouraged to seek new information from official sources (indicate the sources during the interview).
- Be concise. Do not beat around the bush. Communicate brief key ideas. Avoid contradictory messages. Verbal communication should be consistent with your body language.
- If you do not know the answer to a question, be honest. Do not invent a response. Say that you will provide that information later.
- Avoid speculating on worst possible cases. Do not say “there are no guarantees.” Do not repeat accusations or complaints or resort to the expression “no comment.” If you refuse to answer a question, clearly explain why.
- Use clear language and avoid complex technical terms or abbreviations.
- Use sufficient visual material and anecdotes.
- Be consistent. Repeat key messages whenever you have the opportunity.
- Never lie.
- Always answer questions and do not try to avoid or evade a fact. However, always remember your key messages and attempt to create a “bridge” to them whenever it is possible and relevant to do so.
- Use negative language with care: no, never, nothing, none. People tend to focus on negative aspects when they are under stress and can lose focus on the key messages.

2 Create a bridge with the key messages



EXAMPLE OF A BRIDGE: FLU

- 1 Listen to the question and respond appropriately.
- 2 Question: “With regard to pregnant women, is it true that the new pandemic flu vaccine has more adverse effects than the seasonal flu vaccine since they had to develop it quickly?”
- 3 Response: “Some mild side effects have been observed, but the results of the studies implemented to date indicate that the vaccine against the pandemic flu is as safe and has the same side effects as the seasonal influenza vaccine.”
- 4 Create a bridge with the key messages.

“The reality is that this vaccine’s benefits outweigh the risks many times over. Pregnant women have a greater risk of developing serious disease. Their risk of being hospitalized in intensive care units when they are infected with this new flu virus is 10 times higher.”



EXAMPLE OF A BRIDGE: HUMAN PAPILLOMAVIRUS

- 1 Listen to the question and respond appropriately.
- 2 Question: “We have read that in several countries, the human papillomavirus vaccine has caused the majority of girls to faint. Will the same thing happen in our country?”
- 3 Response: “The human papillomavirus vaccine has been studied in depth. Current evidence indicates that it is extremely safe, although it causes some mild side effects such as pain and inflammation at the injection site. Some people can get dizzy and faint after receiving the vaccine. Therefore, they should be seated while they are vaccinated and it is recommended that they wait 30 minutes before leaving the health center.”
- 4 Create a bridge with the key messages.

“It is very important to know that the human papillomavirus vaccine has enormous benefits compared with the minimal risks that have been identified. It protects against various types of cancer (cervical and uterine, anogenital, vulvar, vaginal, penile, anal, and oropharyngeal) that can cause death in both women and men.”

D. Strategies used by journalists

Journalists use several tactics and strategies that can be confusing and cause you to say something that you did not intend to say. If you are alert and aware of these strategies, it will be easier to respond and return to the key messages.



STRATEGY 1: SPECULATION

Sample questions:

What would happen if...?

How do you think that this could have happened?

Can you guess the reasons why this happened?

Guide:

Do not speculate.

If possible and relevant, create a bridge to your key messages.

Sample responses:

I prefer not to speculate about this. The facts are that...

It is important to limit ourselves to the facts. What we know tells us that...

It is very early to know that. We will do a complete evaluation and find out what happened.



STRATEGY 2: RUMORS

Sample questions:

Dr. Pérez from the Health Department told us that...

A source from the Ministry of Health told us that...

How would you respond to the PAHO Representative in the country, who indicated that...

Our sources tell us that...

Guide:

Do not defame the journalists' information source.

Return to your key messages.

Sample responses:

I cannot speak for Dr. Pérez, but I can tell you that...

This is the information that I have...

I would like to stick to the facts, which indicate that...

The facts are...

This is the information that I have...



STRATEGY II: NEGATIVE BIAS

Sample questions:

Can you talk to us about the child who died from the measles vaccine?
Can we presume that the death could have been prevented?
Why is the control of these procedures deficient?

Guide:

Do not repeat the comment or negative word.
Correct the imprecisions and return to your key messages.

Sample responses:

The truth is...
I will share the facts that I know with you...
Once more, let me explain exactly what happened...



STRATEGY VI: PUT WORDS IN YOUR MOUTH

Sample questions:

So, is it true that your morality or religion is affecting public health?

Guide:

Their efforts focus on trying to make you use words that you normally would not use.
Do not argue.
Return to your key messages.

Sample responses:

The element that is under consideration here is... (and then communicate a positive point of view).



STRATEGY V: FALSE FACTS

Sample questions:

So, has 75% of your budgeted funds been devoted to studying adverse reactions to vaccination?

Guide:

If a journalist mentions erroneous information, it is appropriate to correct the person. Do this respectfully and return to your key messages.

Sample responses:

Perhaps I could clarify this for you and the audience...

Actually, what happened is that...

That is incorrect. The facts indicate that...



STRATEGY VI: DANGEROUS SILENCE

Sample:

You responded well to a controversial subject... [the journalist takes a pause and the camera continues recording, motivating you to continue speaking].

Guide:

Return to your key messages or stay silent until they ask you a new question.

Feel comfortable with silence. It is the journalist's job to fill the interview time.

Do not answer questions they have not asked you.

E. Questions that journalists ask in a crisis

*It is necessary to prepare for interviews or press conferences:*¹⁰

How you are perceived during an interview or press conference can have a major impact on the public's trust in you and the immunization program.

Prepare yourself to adequately respond to all questions. In doing so, you will also project an image of self-assuredness that will strengthen public trust in you.

It should be highlighted that this is a broad list of the questions that journalists regularly formulate. Not all questions warrant a response, but it is crucial to be prepared for them. There are techniques for dealing with complex questions, the responses to which could violate ethical or normative principles such as those that protect the personal information of the people affected (nationality, profession, etc.).

1 General questions

Who are you?

What is your name and what is your position?

What are you responsible for in your position?

What happened and what is happening now?

Can you explain to us what happened?

When did it happen?

Where did it happen?

Who was affected?

How many people will be affected?

What is the nationality of the people affected?

Are there fatalities or people who are critically affected?

How many people have died or are hospitalized?

Can you indicate the concrete damages suffered by the people affected?

Are the affected people receiving assistance?

How are the affected people receiving assistance?

Is the situation under control?

How certain are you that the situation is under control?

What is being done in response to what happened?

Is health care being provided as normal?

Have health services or infrastructure been affected?

What can we anticipate will happen in the future?

What actions are being recommended to the population?

How long is it anticipated that it will take for the situation to return to normal?

What assistance has been requested from other institutions or individuals or what assistance has been offered?

What responses have been received?

What are the names of the affected people?

Can we speak with the people affected or their families?

What are you currently doing?

Who else is involved in the response to the situation?

Who is in charge?

What caused the situation?

Why did it happen?

What was the cause?

Were there any prior warnings that this would happen?

Why wasn't it possible to prevent this from happening?

What other negative event can occur?

If you do not know with certainty the cause of what happened, what do you think it could be?

Who caused the situation?

Who is guilty?

Could it have been prevented?

Do you think that those involved handled the situation correctly?

Have you told us everything you know?

What are you concealing from us?

What effects will this have on the people involved?

What precautionary measures are being adopted?

Do you take responsibility for what happened?

Has this happened previously?

Can this happen in other places?

What is the worst possible scenario?

What lessons have been learned?

Who is conducting the investigation?

What will you do when the investigation concludes?

What has been discovered until now?

What is your opinion about the facts?

What are you recommending to your own family?

Is everyone involved in agreement?

Are people reacting in an exaggerated manner?

Have some people made mistakes?

How certain are you that mistakes have not been made?

When did the response to the situation begin?

When were you notified that something had happened?

Will there be inconveniences for workers or the public?

When will we receive more information?

What steps are being taken to prevent similar events from happening?

Have these steps already been taken? If not, why?

What would you like to say to the affected people and their families?

Are people at risk?

What can be done to prevent this from happening again?

2 Specific questions about vaccine-related crises

Which vaccine caused the situation?

What actions will you take when the investigation is over?

What is known so far?

Did the person or people affected receive the first dose of that vaccine?

Are there pregnant women or children affected?

Was the problem related to the vaccine or the vaccination technique?

Who applied the vaccine to the people affected?

Have all the vaccines that can cause the problem been withdrawn?

Were people affected immediately after receiving the vaccine?

What should people who will receive that vaccine in the future do?

Are there problems with other vaccines?

Is this vaccine one hundred percent effective and safe?

Is this vaccine really necessary in our country?

What are you doing so that this problem with the vaccine or vaccination does not repeat itself in the future?

Vaccine- and vaccination-related crises require a communication response that is different from the communication strategies used to promote the benefits and importance of vaccines in general.

This document presents the technical guidance needed to develop a communication plan that is appropriate for managing crises related to vaccine safety.

This guidance will be useful for managers in the areas of immunization and vaccine safety. They will also help preparedness and response teams working in safety crises to optimize their communication plans in order to regain, maintain, or strengthen trust in vaccines, vaccination, and immunization programs.

Each chapter presents a phase with suggested actions and support tools to prepare, implement, and evaluate a communication response in a crisis situation. Some sections can also be used to strengthen routine national communication activities.