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Pandemic influenza communication: views from a deliberative forum

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Introduction

Governments around the world rely upon pandemic influenza (PI) planning to protect their countries against the potentially devastating impact of a pandemic. Communication has been recognised as a critical part of PI planning. Authorities including the World Health Organisation (WHO) have issued guidelines, claiming that communication expertise is as important as epidemiological and laboratory expertise for control of outbreaks.[1] Specific PI-related communication strategies in national PI plans [2] are complemented by a burgeoning literature on risk communication,[3-5] together with analyses of communication in previous crises such as the 2003 outbreaks of Severe Acute Respiratory Syndrome (SARS)[6, 7] and Hurricane Katrina.[8, 9] There is growing consensus about principles of risk and crisis communication, embracing concepts such as trustworthiness, transparency, responsiveness, respect, candour, and practicality.[1, 10, 11]

This literature provides a foundation for governments developing their own PI communication strategies, such as the *Communication Strategy Overview*[12] published as an annex to the Australian government's *Australian Health Management Plan for Pandemic Influenza*.[13] There is, however, an additional source of expertise that can contribute to pandemic communication planning: the public. Their views can be accessed in a variety of ways, each with strengths and weaknesses.[14] Deliberative forums are one method of tapping into the community to explore approaches to an

issue or problem.[15] Deliberative methods provide opportunities for citizens to articulate and share values.[15, 16] Forums are similar to citizens' juries in that a population sample deliberates about an issue after receiving expert information.[17] Like juries, forums share the theoretical assumption that, given enough information about a topic, a small group can provide views that are informed and reflective of community values.

This paper reports results from the "FluViews" project which used deliberative methods to obtain community views about issues related to PI planning. One two-day forum held in 2008 elicited views on communication and quarantine/social distancing measures in a pandemic; the results relating to communication are reported here. In choosing the format of the forum, we recognised, given the complexity of the issues presented by pandemic management, that the forum should explore "the social construction that influences people's decision-making"[15] and must allow for divergent views. "FluVIews" was overseen by a steering group of policy makers and academic experts working in PI planning and infectious diseases.

Methods

A market research company from the Adelaide metropolitan area recruited forum members to fulfil these criteria:

- Sex: 50% female
- Age: one-third each from age ranges 18-34; 35-54 and 55+
- Employment: 50% in paid work
- Household income: 50% below $800/wk

Potential members were randomly selected from a database weighted by age, sex and geographic location to reflect accurately the South Australian population.[18] Recruiting continued until all places were filled. Forum members received an honorarium of AUD$300 and travel expenses.

Available evidence about PI and communication, collated using systematic literature reviews, was summarised for members in two-page modules written in simple language. The topics were: seasonal influenza, PI, and future pandemic risks; logistical, political and policy issues related to communication about health and emergencies; effectiveness of strategies for pandemic communication; and related ethical issues. Strenuous efforts were made to ensure that the reviews were systematic and balanced. Where evidence was contentious the forum was informed about the nature of the controversy, the range of views in the peer reviewed literature and the strength of available evidence. The modules were evaluated and ultimately approved by all members of the steering group.

The forum met in a hotel meeting room over two days, with one day devoted to the question: What is an acceptable framework for communication in an influenza pandemic? Members sat around a single table, where they were joined by experts in infectious disease, ethics, and public policy. There were fewer experts and observers than forum members. Members were asked to act as ‘citizens’ and ‘community representatives’ rather than as ‘individuals’ in the deliberation and

decision-making process. A trained independent facilitator called experts and refocussed discussion as necessary.

The forum reflected on the questions using progressive scenarios that moved through a hypothetical PI outbreak in Australia (See Box 1). Prior to discussion of each scenario, there were short accessible and interactive presentations by the experts with ongoing opportunities for members to ask questions. At each stage members deliberated on what, how and when the community should be told about pandemic influenza and by whom. The facilitator supported individual reflection, discussion in small groups, brainstorming and whole group discussion. Participants were encouraged to state and discuss their views, seek further information from experts, and then reach a broad consensus in their responses. Care was taken to demonstrate respect for the members' views.

Insert here: Box 1 Hypothetical scenarios used by Forum

Material was recorded on an electronic whiteboard to facilitate brainstorming and reaching consensus. A professional reporter with back-up voice recording transcribed forum deliberations verbatim. No formal votes were taken on specific recommendations.

The data consisted of copies of white board screens containing forum recommendations, anonymised transcripts and contemporaneous notes. The transcripts were checked by one author (WR) to add depth to the

recommendations with illustrative comments and these were cross-checked against an independent summary of the data prepared by JS. Current Australian PI communication strategies were evaluated against the forum's responses.

The Human Research Ethics Committee of the University of Adelaide approved this study.

Findings

Participant characteristics are in Table 1. Table 2 lists the summary recommendations that were developed by the group as agreed and recorded on the whiteboard. Table 3 contains a more detailed outline of the results presented by question (what, how, who, when) with each section covering the stages in the scenarios (Box 1). We have chosen to include direct quotes from participants in order to illustrate the findings.

Insert here Table 1: FORUM CHARACTERISTICS

Insert here Table 2: SUMMARY RECOMMENDATIONS FROM DELIBERATIVE FORUM ON COMMUNICATION IN A PANDEMIC

Insert here Table 3: FINDINGS FROM THE DELIBERATIVE FORUM ON COMMUNICATION IN A PANDEMIC.

1. **What information should the public receive about PI?**

Scenario 1: Before a pandemic (see Box 1)

Participants were surprised at their lack of knowledge or awareness of H5N1 and the potential for PI. They recommended three topics of public information for this phase: the current situation and its implications; information about PI; and information about seasonal influenza:

> *…not many people are aware of the situation … and, for example, I could ask my three children a bit about the bird flu and how aware they are of that in other countries, and I'm sure they couldn't give me much of an answer. (Ross, p5: 22-27)*

PI was seen to be a potentially confusing and frightening topic that could be managed by provision of detailed information:

> *I think people need to know the truth. Not watered down or sensationalised, just the truth. (Nanette p 7-8)*

The forum recommended comprehensive information:

> *First, you need to explain what a pandemic is and what is the flu and what is the current disease situation ... Then, explain to people how they can prepare themselves by vaccinations and*

general hygiene, and explain who is more at risk, like the young and the elderly, and maybe what is the government's plan to stop the pandemic killing everyone. (Tayla p 6: 26-33)

Providing information about seasonal influenza was seen as an opportunity to link this to PI, with a focus on the importance of personal hygiene:

It's about getting people into the habit of doing it so when the big scary stuff comes they are already in the habit. (Karen p 15: 28-30)

The discussion revealed confusion over vaccination for seasonal influenza, and the need for more public information about potential benefits of higher vaccination rates for the community and employers:

… how aware are people about flu shots? ….People are not aware of even the current situation with flu shots. (Ross p 14: 5-15)

Members distinguished between providing information to raise awareness of the potential for PI, and providing detailed information. Late in the discussion of Scenario 1, the view was that:

Even if .. people don't have the specific information now, just knowing where to get the information from. You don't have to stand there and talk for 15 minutes on the television saying "This is it", but if people … know where they can access the information from and

really quickly, I think that that would make a huge amount of difference as well. (Jane p 26: 30-36)

Scenario 2: During the pandemic – containment stage (see Box 1)

In this scenario, the forum emphasised the need to inform the public that a pandemic may be imminent, provide practical information, and release information about the index case. Practical information should include telling people that the threat applied to them and ways to protect themselves:

I would probably want to know how to look after myself and my loved ones. (Raelene p 44: 3-36)

Participants unanimously recommended that information about a first or index case should be released by someone in authority. There was some discussion about privacy, with the consensus being to identify the location by suburb:

In this case it's a highly contagious virus and it kills people. Privacy aside, people need to know. (Nanette p 49: 27-28)

The forum justified this recommendation due to the severity of the threat, the need for accurate and credible information, and the potential for rapid spread:

It's like being forewarned about a tornado coming, you can take preventative measures, you can buy up 20 litres of water or three weeks' worth of food. (Neil p 47: 8-10)

Participants discussed the role of the media and a possible media ban to protect privacy of those affected by PI, but finally agreed that a ban would be counter productive as media cooperation would be necessary for transmitting other information about the pandemic.

Scenario 3: During the pandemic – maintenance stage (see Box 1)

The emphasis upon practical information continued in scenario 3, together with an identified need for general information about both the progress of the pandemic and the functioning of society. Progress updates should include bad news as well as good:

I want to know as bad as it sounds, death counts, all the bad stuff. Just updates but also hope stories of people who get better. (Tayla p 62: 28-30)

Practical issues included health care arrangements and advice on self-care together with information about essential goods and services, and what to do if unable to work due to illness:

What other services are affected in your local area especially, what the case is as far as hospitals, doctors' surgeries… (Ross p 63: 34-36)

If I am not working, how do my bills get paid? (Raelene p 64: 14)

The forum indicated the importance of accurate information during this potentially chaotic pandemic phase:

I want to make sure the information I am getting is correct coming from heaps of different sources. (Matt p 75: 23-24)

2. How should this information be communicated?

Scenario 1: Before a pandemic (see Box 1)

The forum raised obvious but important points about communication methods, such as the need for clear and simple language, and developing awareness and understanding over time, so that if and when a pandemic occurs, people will be prepared.

Television was recommended for a number of roles including: updates on PI; in-depth interviews with experts; advertisements about further sources of information; and advertisements about seasonal influenza to foster community attitudes about preventive measures:

If there was an ad on TV saying "Thanks for getting your flu shot", that would encourage me in the next year. (Karen p 13: 31-2)

Other recommendations included posters in community settings (eg libraries), council newsletters, government websites and distribution of household leaflets. One novel idea was for reputable non-government organisations, such as the Red Cross, to provide face to face explanations:

> *…..a large organisation like Red Cross … go and door-knock and explain to the people in that street, were they aware of what this was and it was a possible thing that was coming to Australia, but not to alarm them but do it through a large organisation, a large respected company like Red Cross. (Ross p 5: 36-42)*

Education of school children was seen as a way of raising awareness and developing a cohort of informed and prepared future citizens:

> *… it's about making sure the education is continuous, so they bring it up into their adulthood. (Jane p 19: 4-6)*

The forum recommended communication with specific groups, including young people (using internet sites such as Facebook, Myspace or YouTube), rural and remote communities, people with physical or mental disabilities, and working people. Regional television was viewed as an important resource for reaching remote communities, as were existing services such as outback visiting ministers.

Alongside these recommendations about methods, participants argued that information should accumulate gradually, without repetition, to develop community expertise.

Scenario 2: During the pandemic – containment stage (see Box 1)

News about an Australian case could be broadcast as part of any existing regular PI updates, because a sensitised population would understand the implications. In the absence of adequate background information, participants thought that only significant media attention would alert people to the potential threat:

> *I don't think I would be too concerned until it is on every channel of TV ... (Tayla p 44: 21)*

They recommended that information be provided via government announcements in the media and on government websites, plus a well publicized dedicated hotline.

Scenario 3: During the pandemic – maintenance stage (see Box 1)

Forum members agreed the need for regular updates on pandemic progress and for a dedicated source of information available at all times. Members were divided over whether this should be television, internet or both:

It would be good if you could have an extra half an hour added onto the news … maybe two or three times a day for the different people who watch the news. (Karen p 64: 31-34)

[G]overnment help web sites that everybody could dial into and get current updates. The updates would be done every couple of hours. (Neil p 68: 45-47)

Radio was also identified as a valuable communication medium in an emergency:

The handy thing with radio is you can have batteries, whereas television, if the power goes out... (Bill p 68: 31-32)

3. Who should communicate?

Scenario 1: Before a pandemic (see Box 1)

The forum identified the need for media spokespeople who would be trusted by the Australian community: experts rather than politicians; and the involvement of internationally recognised authorities such as the World Health Organisation:

You would listen to the big guns, wouldn't you? You would take it seriously if they [WHO] are getting involved. (Karen p 23: 14-15)

General practitioners were identified as important sources of information:

> *… when you go to the GP, the GP is able to give far more information to the individuals in educating them and pamphlets and stuff like that. (Jane p 3: 43-45)*

As discussed above, non-government organisations were considered to be trustworthy for unsolicited information.

There was consensus that communication should not be used for political point scoring, and that it was a government responsibility to inform the public and provide information through a range of channels.

Scenario 2: During the pandemic – containment stage (see Box 1)

As with scenario 1, the forum recommended an official spokesperson or expert with authority as the appropriate person to make announcements. It was suggested that information from affected individuals would also be effective:

> *Maybe someone who got better… Or maybe someone who got sick to scare people. (Tayla p 54: 39-43)*

Scenario 3: During the pandemic – maintenance stage (see Box 1)

There were few additional recommendations, other than that:

At that stage I wouldn't care who was presenting it. If it's someone credible, okay, who is healthy. (Tayla p 64: 42-43)

4. When should communication occur?

Scenario 1: Before a pandemic (see Box 1)

The final question related to the timing of public communication. The forum's view was that the community needed immediate information about the threat, and that, in so far as they were representative of South Australians, the community was currently under-informed. There was a feeling that if PI breaks out, it would be too late to provide necessary background information, or for people to have developed protective personal hygiene habits:

Are we going to wait? Is it only important when it's here? ... What I am saying is it needs to be important now, because when it's here there is no time to plan and do all that... (Karen p 24: 38-42)

As described above, the forum recommended a sophisticated approach to the question of when information should be communicated. Prior to an outbreak the emphasis should be upon raising awareness of the potential problem and sources of further information. Detailed information would only be necessary once a pandemic was imminent.

Scenario 2: During the pandemic – containment stage (see Box 1)

The members recommended that Australians be informed as soon as there were confirmed cases in Australia, due to the serious nature of PI and the potential for rapid spread.

Scenario 3: During the pandemic – maintenance stage (see Box 1)

At this stage, participants felt that information should be available continuously and updated frequently.

Throughout the day, members commented on the fact that, until their involvement in this project, they had known little about either the threat of PI or about existing government planning. This was seen as problematic:

> *What is the point of having them [government preparations] if people don't know about them, some of those things? … I didn't know any of that. It's nice to know they have done stuff. (Karen 32: 33-43)*

Discussion

The forum's recommendations about the content of communication during a pandemic are largely consistent with the strategies described in the Australian government *Communication Strategy Overview* (hereafter the *Strategy*).[12] In particular the key objectives (see Box 2) are similar to forum recommendations, focusing initially on building awareness followed by

practical information about minimising personal and community risks, and what to do if affected. These objectives are supported by the literature on information strategies to effect behaviour change[4 11] and reduce public anxiety and criticism.[10]

Insert here Box 2: Key objective for Stages 1-3 of the Australian PI Communication Strategy

There are, however, some notable differences. First, the forum wanted full and frank information about the potential risk and international developments including numbers of cases and fatalities. It is not clear whether the Stage 1 key message "What is the current disease situation" anticipates this level of detail. Given the level of prior knowledge amongst participants, either such detail is not planned, or the strategy to date has been unsuccessful.[19] There is evidence that people do want the truth during a crisis, even if this is bleak.[10] Providing information about the potentially deadly nature of an infection increases concern in the population which is associated with taking precautions to protect against infection.[20]

Second, although forum members understood that predictions about PI were uncertain, this did not lead to loss of confidence in the experts or the information they imparted. This is consistent with findings that acknowledging uncertainty can increase public confidence.[21] Information about communicating uncertainty is currently absent from the *Strategy*.

Third, the forum recommended releasing geographically localising information about initial cases. The *Strategy* does not indicate how information about individual cases will be handled. In general, health departments maintain confidentiality, releasing information only if this will prevent further cases. Despite recognising this, forum members argued that the magnitude and severity of the threat justified release of potentially identifying information.

Discussions about breaking the news of Australian cases of PI exposed a range of perceptions about distance. A threat in a city 1700 km distant was seen by some as quite proximate but by others as distant and hence less significant, indicating that awareness of varying perceptions about the significance of distance is important in communication about PI.

For communication methods, the *Strategy* relies upon the Australian Department of Health and Ageing (DoHA) website, its toll-free telephone line, and media activities including interviews, special articles on prevention, and public announcements. To date, these methods of communication appear unsuccessful in developing a base level of awareness, as per our participants' comments. As of September 2008, the pandemic influenza toll free number is difficult to locate on the DoHA website[1]. Toll free numbers were heavily utilised during SARS,[22] indicating their potential contribution in a pandemic.

[1] It appears on the avian influenza, rather than the pandemic influenza website.

The forum's recommendations for education through schools are important for developing community wide expertise about and good habits in infection control and personal hygiene. The *Strategy* does not take a whole of community approach that includes school activities.[2] The recommendation to build awareness of seasonal influenza through feedback and 'thank you' messages deserves consideration as a way of supporting related messages in the *Strategy*. Using volunteers from organisations such as Red Cross to provide door to door information highlights the potential contribution of the volunteer sector in a pandemic, a group not mentioned in the *Strategy*. The forum was in disagreement about the value of distributing household leaflets, but interestingly, despite thinking this ineffective, most members remembered recent government information leaflets delivered to their homes.

The forum recommended increasing use of television and websites, including those targeting youth and rural and remote groups as the pandemic developed. This is consistent with plans for a national information campaign, with media activities intensifying as infection spreads. Research following the SARS outbreak found that television was the primary source of information in China[23]; this is similar to US data unrelated to SARS.[7] The internet emerged as a new method of emergency health communication during SARS.[6, 24] Information found on-line can change health-related behaviour.[25] Australians increasingly use the internet

[2] We note that the South Australian Department of Health has instigated a hand hygiene campaign ("Wash, wipe, cover") for schools as part of its PI planning.

for news[26] indicating that it may be an effective medium for PI communication.

The literature is uniform about the need for consistent messages as a key feature of effective communication.[27] Inconsistency can affect compliance with public health directives[28] and lead to public distrust.[29] The *Strategy* identifies Australia's Chief Medical Officer as the principal spokesperson, with additional contributions from Ministers including the Prime Minister, an approach that may ensure consistency. Unlike the *Strategy* and some commentators,[30] the forum did not recommend a single spokesperson, but rather a range of people including experts and personalities, to make the message 'real'. Members argued that politicians may not be trusted, but that Ministerial level spokespeople would add *gravitas* in tandem with more trustworthy experts. Experience from SARS demonstrates the success of multiple voices[31, 32] particularly in expanding the audience, as long as messages remain uniform.

Finally, there is the issue of when to communicate. Our forum recommended immediate activities to educate and build awareness and swift action if and when Australia has its first cases of PI. This is consistent with other pandemic experiences including the 1918 influenza in which early implementation of multiple interventions was associated with reduced disease transmission.[33] The WHO notes that it is impossible to keep outbreaks hidden; accordingly, it recommends early official announcement to minimise rumours and misinformation.[1] Some commentators believe that

too much information can lead to people switching off or getting 'pandemic fatigue'.[3] This danger was recognised by the forum who argued for a campaign that built up community expertise without losing the audience. The *Strategy* does not indicate how rapidly information would be made public during the various communication stages, but there is no suggestion that information would be withheld.

Limitations and evaluation of the study

Deliberative methods aim to access individuals' expertise as community members to provide views and recommendations about policy. Our forum was composed of randomly selected participants, who were provided with information that they were encouraged to discuss before reaching their recommendations. In these aspects it resembled a citizens' jury. There were however, differences. Our forum was asked for their views about communication needs, rather than asked to choose or prioritise amongst options as commonly occurs with juries. In addition, the forum did not deliberate in private to reach ordered or unanimous recommendations. This decision was partly pragmatic as PI communication is a broad topic for which there is little hard evidence about effective strategies. It was also influenced by our desire to seek the maximum information possible given the relative expense of staging a forum. At times, it was difficult for the forum to remain focussed on the questions, leading to recommendations less clear cut than, for example, ordering a set of health care priorities. Members of the forum were very curious about PI leading to an occasional blurring of the distinction between their requests for information (as forum

members) and their views about information recommended for the public. A more formal process would have avoided this problem; however this may have been at risk of losing some of the range of views expressed.

Despite these shortcomings, we believe that the deliberative forum is a valuable method for eliciting informed community views and values to inform PI planning and policy. In contrast to focus groups, which also seek a wide range of views, the length and format of the forum meant that participants based their deliberations upon a large amount of specialised information. Our forum met key principles proposed for public participation processes[14]: it was a demographically representative sample, provided with information that was accessible and comprehensive, conducted in a respectful way with clear procedural rules. The results of the forums have been provided on request to the Pandemic Influenza Sub-committee of the Coalition of Australian Governments (COAG) and have been presented at international conferences and meetings.

Conclusion

Effective communication is critical for the successful implementation of PI plans. As each public health emergency and each pandemic occurs in its own unique context, it is difficult to move beyond theoretical principles of communication. Planners and policy makers therefore face challenges in developing evidence-based communication strategies. A deliberative forum provides one avenue for seeking informed community views on PI

communication planning. The recommendations of the forum are consistent with the literature on pandemic communication strategies and, to a large extent, with the current Australian *Strategy*. This finding confers some confidence in the *Strategy* whilst also providing valuable feedback together with suggestions for improving communication through the use of multiple spokespersons and additional communication modes.

Using a forum to deliberate on a broad topic such as PI communication is innovative. We have demonstrated that this method can be used to elicit informed recommendations that are relevant for policy and planning. Using a forum rather than other methods such as focus groups ensured that participant deliberations were based upon the best available evidence and local expertise, thereby ensuring relevant recommendations.

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Table 1: Forum characteristics

Characteristic	n (n=12)
Age	
20-34	5
35-54	4
55+	3
Gender	
Male	6
Female	6
Nationality	
Australian born	10
Born overseas	2
English as first language	12
Employment status	
Unemployed	1
Disability pension	1
Employed fulltime	4
Apprentice	1
Employed part-time	3
Retired	2
Highest Education Level	
Year 10 or 11	2
Year 12	4
Diploma or trade certificate	4
University degree	1
Not provided	1

TABLE 2: SUMMARY RECOMMENDATIONS FROM DELIBERATIVE FORUM ON COMMUNICATION IN A PANDEMIC

That our society should spend money on communicating pandemic plans and precautions and that this information should:

- be available prior to the arrival of a pandemic
- be introduced over time
- use existing communication mechanisms and public-private partnerships
- commence immediately

That communication should be truthful, emphasise the ease with which PI can spread, the extent of the risk to citizens of all ages and that the onset may be sudden

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That during a pandemic, all information including accurate infection and mortality rates be made available (not watered down) and that this information should be relayed by the relevant health authority in conjunction with high level politicians

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That there should be a one stop shot on the internet to provide pandemic disease information

Table 3: FINDINGS FROM DELIBERATIVE FORUM ON COMMUNICATION IN A PANDEMIC

	Before a pandemic (Scenario 1)	During a pandemic - containment stage (Scenario 2)	During a pandemic – maintenance stage (Scenario 3)
What information should the public receive about PI?	1. Detailed and comprehensive information about: - current situation; - PI; - seasonal influenza. 2. Raise awareness of potential for PI.	1. Accurate and credible information about the imminence of a pandemic. 2. Practical information about what to do. 3. Information about location of the index case(s) to level of suburb.	1. Accurate and credible information. 2. Practical information about what to do. 3. Information about progress of pandemic. 4. Information about goods, services and social functioning.
How should this information be communicated?	1. Clear and easily understood language. 2. Digestible amounts of information. 3. Increasing in content and complexity 4. Use of television with a range of formats. 5. Community settings and distribution networks. 6. Education through schools 7. Use of internet to reach young people, rural and remote communities, people with disabilities, and working people.	1. Build on information provided before a pandemic. 2. Substantial media reporting. 3. Government websites	1. Continuous updates on pandemic progress. 2. Dedicated sources of information through television, internet and radio.
Who should communicate?	1. Experts rather than politicians. 2. General practitioners. 3. Non-government organisations.	1. Experts. 2. Affected individuals.	1. Experts. 2. Survivors
When should communication occur?	Now	As soon as there are confirmed cases in Australia	Frequently (every two-hourly) and available continuously.

Boxes

Box 1 Hypothetical scenarios used by Deliberative Forum

Scenario 1: Before a pandemic

Information was provided about the current world situation including the potential for pandemic influenza, the limited evidence for communication strategies, political and ethical issues associated with communication, and international recommendations.

Scenario 2: During the pandemic – containment stage

This was a hypothetical scenario of an international outbreak of pandemic influenza, predominately in Indonesia and Vietnam. The first Australian cases are in a NSW family who holidayed in Bali. The 19 year old daughter has died, and suspected cases have been reported in the family's suburb in northern Sydney. Contact tracing is underway and some people have been asked to remain in voluntary isolation or quarantine. The epidemiology of this influenza strain is unknown although it appears to affect all ages. At this stage the spread of the virus is highly localised.

Scenario 3: During the pandemic – maintenance stage

This was a hypothetical scenario set in week 5 of a full pandemic. The influenza virus is now widespread throughout most major capital and regional centres in Australia. In South Australia approximately two hundred thousand cases have been reported with 1232 deaths.[i] Half of the deaths have been people aged below fifty. Flu clinics, set up in council offices around the state, are working to capacity and the major metropolitan hospital is finding it hard to cope with the high number of cases. Only remote rural areas appear to be unaffected. The virus is transmitting rapidly between people, and more and more people are staying home from work, school and social engagements because they are afraid of catching the virus.

[i] These figures were based on modelling by (Graham Tucker, Health SA) using FluAID software (CDC) and a projected 25% attack rate.The SA Health plan forecasts 46,000 new cases per week with 2600 deaths over eight weeks.

Box 2: Key objective for Stages 1-3 of the Australian PI Communication Strategy

Key communication objectives Stage 1

Communications activities during Communication Stage One aim to build a base level of awareness and understanding across the general public and primary care providers regarding the nature of the risk of avian influenza and the threat of an influenza pandemic. [12, p.6]

Key communication objectives Stage 2

Communications activities during Communication Stage Two aim to build strong awareness of the pandemic threat and what can be done to prepare, including, the personal actions that can be undertaken to minimise the impact of the disease in Australia. [12. p.9]

Key communication objectives Stage 3

Communications activities during the Communication Stage Three will inform and reinforce the need for the appropriate actions that will minimise disease transmission and that will support the maintenance of essential community services. The communications strategy will be enhanced to support the deployment of the National Medicines Stockpile and a pandemic vaccine, once it is available. [12, p.11]