

CDC Influenza Awareness Campaign Media Relations Toolkit

**November 2013
Created by the Centers for Disease Control and Prevention (CDC)**

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CDC National Influenza Awareness Campaign

Created by the Centers for Disease Control and Prevention (CDC)

About the Campaign

Each year, the Centers for Disease Control and Prevention (CDC) invests in a national awareness campaign to educate the general population about the importance of influenza vaccination. As a critical public health issue, it is CDC's mandate to inform at-risk populations about the importance of vaccination and provide them with useful information about where to get vaccinated.

Throughout the fall and winter months, CDC promotes this campaign nationally through a mix of communication channels and in collaboration with national and grassroots partners who organize flu promotion activities and events.

About this Toolkit

The purpose of the "CDC National Influenza Awareness Campaign: Media Relations Toolkit" is to provide information, recommended strategies, and resources to help guide public health planners, communicators, educators, and other health professionals to engage media and encourage seasonal flu vaccination.

The kit includes information specific to National Influenza Vaccination Week (NIVW), however it can be used throughout the entire influenza season.

Developing Key Messages

In addition to using the key messages to prepare and respond to reporters' inquiries, Establishing key messages at the beginning of your media outreach efforts helps everyone in your organization speak with one voice about the campaign and NIVW programs. The messages you develop should be succinct and understandable to your target audience.

Your organization's key messages should be incorporated throughout all your communication materials such as fact sheets, speeches or articles.

To help you get started, sample key messages developed for use throughout flu season and during NIVW are included as *Appendix A* at the end of this document. These can be tailored to your local outreach activities.

Using the Media Kit for Flu Vaccination Promotion

To achieve the goals of this campaign, CDC relies heavily on its network of partner organizations to promote its messages and activate communities to get vaccinated. One way in which partners can help support this effort is by working with their local media to help inform the public about the serious complications the flu can cause and the importance of vaccination. We encourage partners to reach out to local media with powerful information and "pitch" them to cover the issue through social and digital media platforms, newspapers, television and radio programs, websites, magazines, and other outlets.

This toolkit is intended to help CDC partners expand and enhance their abilities to educate their communities on this issue through media outreach. Designed as a resource for media novices and experts alike, this toolkit offers a variety of proven resources, models and templates to help you reach out to your local media.

Outlined within this document are the five critical steps to help you develop a media strategy and prepare for the “pitch.”

- Developing Key Messages
- Developing Press Materials
- Preparing for Outreach
- Training your Spokespeople
- Pitching the Media

Developing Key Messages

Before reaching out to the media, it is important to articulate who your audiences are and what you want them to know or do. In every awareness campaign key messages are developed in the initial stages to ensure consistency and accuracy in communications throughout campaign activities.

Each year, CDC develops key messages for its annual National Influenza Vaccination Awareness Campaign. To ensure consistency across the United States, we encourage CDC partners to use CDC’s key messages to inform their materials (i.e., press releases, public service announcements, speeches, articles, locally produced PSAs, interviews with reporters, etc.).

For more information on CDC’s key messages, please see Appendix A.

Developing Press Materials

When you are conducting media outreach, it is important that you have materials to provide to reporters as a resource to help them write their articles. A press release is a short (usually one-page) description of your news or event designed to inform media of high-level information—the who, what, where, when and how. A press release should include these key elements:

- Your contact information
- A captivating headline
- A quote from your organization’s president or spokesperson
- Essential information about your issue or event

For more information on writing press releases, see Appendix B. To access CDC press materials, please contact cdcinfo@cdc.gov or 1-800-CDC-INFO

Public Service Announcements (PSAs)

PSAs are non-commercial, unpaid radio and television messages used to promote information intended for the public good. Before pitching a PSA to the local radio or television stations, ask how long, in number of words and in time, your PSA can be, as different stations tend to prefer different lengths depending on their other advertising constraints. There are generally four

different lengths: 15 seconds (40 words), 20 seconds (50 words), 30 seconds (75 words), and 60 seconds (150 words).

A selection of radio and television PSAs are available to partners to pitch to their local media outlets and/or post on their websites. The PSAs currently available target African Americans, Latino families, Latina friends, and parents of young children. The PSAs are available in 15-, 30-, and 60-second spots and some are available open-ended (or untagged) so that you can tailor them to your group's needs. For example, you could add local information such as a flu clinic date and time or a mention of your organization and contact information.

Available PSAs can be viewed at: www.cdc.gov/flu and <http://www.cdc.gov/flu/freeresources/>

For more tips on distributing PSAs, see Appendix C.

Letters to the Editor or Op-Eds

Letters to the editor are letters that can be written by any reader of a publication in response to an issue that has been covered in the publication or is of interest to its readers. Letters to the editor provide a wide public forum that can be used to your advantage, both before and after your event. Newspapers are most likely to publish a letter to the editor if it addresses an article that has been published in the paper. When creating your letter, make sure to note the article you are referring to in your letter.

Op-ed is the abbreviation for "opposite editorial" because these opinionated pieces are usually placed on the page opposite the editorial page. While an editorial is written by the news organization that expresses the opinion of the editor, editorial board, or publisher; an op-ed represents the opinion of an individual contributor, such as an "expert," public official, or anyone who represents an organization.

For both letters to the editor and op-eds, contact your local newspapers to find out about any word count limits or deadlines. All letters must be signed and include an address.

Matte Articles

Matte articles, also known as drop-in articles, repro-proofs, or camera-ready news, are an effective, cost-efficient way to spread information on influenza vaccination, as well as to share your success stories. A matte article is a type of news article that is written for direct insertion in community and weekly newspapers. Similar to a feature story in content, your matte article should focus on "soft" news and have a longer shelf life than more time-sensitive news releases.



Tips for creating effective matte articles:

- Keep articles to one page.
- Offer solutions.
- Include a photo or graphic.
- Localize the story with quotes, statistics or local contact information.
- Learn what format your publication prefers before submission.

For sample matte releases see Appendix D. or download ready to use matte articles at: <http://www.cdc.gov/flu/freeresources/print.htm>.

For an example of a matte article for use during flu season, see Appendix D.

Events Calendar

Many newspapers and radio and TV stations have community calendars or bulletin boards that feature listings of local events. By assembling a local calendar of vaccination events and activities, you can provide a service to the media and save them the time of collecting the information. Be sure to include National Influenza Vaccination Week (NIVW) on your calendar lists.

News Conference or Special Events

When planning an event such as a community flu clinic, send a media advisory to the local media before the event and again the day of the event to entice press attendance and coverage. Call reporters and news desks the morning of the event as a reminder and to confirm attendance.

If press representatives have confirmed their attendance, set up a media hospitality area where reporters can sign in and gather media materials such as a fact sheet or bio of the special guest speaker(s). Make sure you know when and where your spokespeople will be available.

Please see Appendix E for a checklist for conducting a news conference and Appendix F for information on writing a media advisory.

Preparing for Outreach

Now that you have developed your press materials it is time to identify which media contacts should receive them. This can be done in four simple, yet important, steps:

1. Compile media lists
2. Establish relationships
3. Maintain relationships
4. Provide trained spokespeople

Compile Media Lists

Media lists help you organize local editors', reporters', and producers' names, outlets and contact information. Your media lists also should have information on topics they cover, submission deadlines, conversation notes and best times to call. In addition, they should include a variety of media outlets including ethnic media. Reach out to reporters, producers, writers, etc. in the following categories:

- health
- medical
- public or community affairs
- others: bloggers interested in health issues and can help promote your event

Developing media lists requires research. You can compile information by calling local newsrooms, keeping track of journalists that have contacted your organization in the past, or by tracking the media that covers health-related stories. There are also news sources that offer (for a fee) access to databases of specific media contacts.

Be creative about where you pitch your news. Examples of non-traditional media outlets may include:

- Medical center or clinic newsletters
- Supermarket or pharmacy news handouts
- Faith-based organization publications
- Community circulars/newsletters
- Public health journals
- Business journals
- PTA/PTO newsletters or school newspapers
- E-blasts or fax blasts to your mailing list

Establish and Maintain Relationships

Once you establish your media lists, introduce yourself with a phone call or a get-to-know-you meeting to present your organization as a resource on influenza or vaccination. Remember to have your media materials readily available to send as follow-up information. Maintaining relationships with the media should be a priority. Note: If there is no time to build a relationship and you need to get your information out quickly please go to, *Pitching the Media*.

The following are a few tips on maintaining good relations with the media.

- Be responsive and provide follow-up information as quickly as possible.
- Be mindful of reporters' deadlines. Don't call or email when reporters are rushed.
- Know your reporter's beat or area of coverage and send only relevant news.
- Offer background information when a related news story breaks.
- When your story is covered, follow up with that reporter.

Training Your Spokespeople

Identifying a Spokesperson

For many of the materials and activities mentioned throughout this toolkit, you will need to identify a spokesperson who will serve as the "voice" to carry the messages. A spokesperson should have a healthy balance of technical expertise and an engaging personality. Not only should he or she be an expert on the topic but your spokesperson should be upbeat and conversational.

Local health departments will likely have a cadre of experts that can serve as spokespeople or advisors. Find your local health department by using the tool on: <http://www.naccho.org/about/lhd/>.

Preparing a Spokesperson

Regardless of who serves as your media spokesperson, he or she should be prepared. Prior to an interview or press event, prepare your spokesperson by practicing questions and answers, reviewing key messages, and giving him or her background information on the journalists conducting the interview. You can also create a list of potential questions that you expect to be asked, along with sample responses. For example, a common question may include debunking common "myths" about influenza and the flu vaccine (e.g., the vaccine can give you the flu; you can only catch the flu in a cold weather region; you must get a flu vaccine before November for it to be effective; flu is only a danger for older people and small children).

A spokesperson serves as the "voice" to carry your campaign's messages. He/she should be an expert on their topic and have an engaging personality.

Preparing for interviews or speaking engagements should include:

- Reviewing key messages

- Practicing any prepared remarks
- Practicing questions and answers
- Reviewing background information on the journalist, outlet, or audience
- Practice staying on message (It is important not to allow the conversation to go down paths that are not pertinent to your goals or message—no matter how persistent the questioner might be in pursuing a line of inquiry.)

For more guidance on preparing your spokespeople, see Appendix G for tips on writing speeches and presentations, and Appendix H for tips on public speaking.

5 Pitching the Media

Getting reporters and the local media interested in CDC’s Influenza Vaccination Campaign and National Influenza Vaccination Week (NIVW).

CDC’s Influenza Immunization Campaign Kickoff and NIVW play an important role in increasing public awareness about seasonal flu and the importance of vaccination. Remember that you have a compelling story to tell—one that affects the health and well-being of the entire community. If you develop a strong relationship with a reporter, you will become a resource for influenza-related issues when that reporter does a related story in the future.

NIVW is intended to raise awareness about the importance of flu vaccination and encourage continued vaccination through December, January and beyond. CDC recommends that partners use this designated week to promote vaccination to their constituents, members, and employees through their various communications channels as well as host free flu clinics that will include the public as much as possible.

There are several ways to pitch the media to cover your issue. Depending on the type of media, you can “pitch” (request) articles, PSAs, calendar items on NIVW, letters to the editor, or op-eds, articles. Also, you pitch digital outlets to post flu vaccination information on blogs, websites, and online news sources. Your “pitch” can focus on a vaccination drive, drive-through clinic, or other community event.

Timing is important. When sending out information prior to your event, do not send it too early, or it may be discarded or “filed.” On the other hand, do not send information so late that it becomes “old news.” Consider whether the publication is daily, weekly, monthly, or quarterly. For daily papers, send information 4-5 days prior. For weekly publications, send information 8-10 days in advance. Contact monthly or quarterly publications to find out about their deadlines.

Be Respectful and Prepared

Be cognizant of the fact that reporters get hundreds of phone calls, emails, faxes and requests each day, all of which compete for their time and coverage. Don’t take it personally if you do not hear back in a timely manner.

Helpful tips when pitching the media.

- Your “pitch” can focus on events, new data, or a compelling personal story.

- Provide correct information in a timely manner to the right reporters; know their topic areas.
- Don't offer a spokesperson unless you have one ready and prepared.
- Be prepared with information about the issue and/or event(s).
- Be persistent, but if a reporter says "no" move on to the next one.
- Be creative.
- Thank the media when they cover your story.

Be sure to record your activities/events on CDC's NIVW web page:
<http://www.cdc.gov/flu/NIVW/activities.htm>

Conclusion

Now that you have the tools, you can begin to develop your own media outreach plans in support of CDC's National Influenza Awareness Campaign. The templates and ideas presented here are designed to be adaptable for your individual organization's use. Use these media components wisely so that they well represent your organization, promote the goals of this campaign in a compelling way, and help build visibility for your individual activities.

Additional resources for your use are listed in Appendix I.

Appendices

Appendix A: CDC Influenza Awareness Campaign Key Messages and Talking Points

The key messages and talking points listed below were developed in support of the 2012-2013 CDC Influenza Awareness Campaign. Use these messages as written or tailor them as appropriate to make them more relevant to and supportive of your media outreach work.

Disease

1. Influenza (the flu) can be a serious disease that can lead to hospitalization and sometimes even death. Anyone can get sick from the flu.
2. While the flu can make anyone sick, certain people are at greater risk for serious complications from the flu, that can cause hospitalization or even death, including:
 - a) adults 65 years of age and older
 - b) children younger than 5, but especially younger than 2 years old
 - c) people with chronic lung disease (such as asthma and COPD), diabetes (type 1 and 2), heart disease, neurologic conditions, and certain other long-term medical conditions, even if these are well managed
 - d) those who are morbidly obese (BMI of 40 or greater)
 - e) pregnant women and women within the first two weeks after delivery (2 weeks post-partum)
 - f) other groups at increased risk of flu complications are listed at http://www.cdc.gov/flu/about/disease/high_risk.htm
3. Much of the U.S. population is at increased risk from serious flu complications, either because of their age or because they have a medical condition like asthma, diabetes (type 1 and 2), heart conditions, or because they are pregnant.
 - a) For example, more than 30 percent of people 50 through 64 years of age have one or more chronic medical conditions that put them at increased risk of serious complications from flu.
 - b) For example, all children younger than 5 years (and especially children younger than 2 years), and all adults 65 years and older, are at increased risk of serious flu-related complications.
4. Symptoms of influenza can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea.
5. People may be infected with the flu and have no symptoms at all or only respiratory symptoms without a fever.
6. Flu viruses are constantly changing. Each flu season, different flu viruses can spread, and they can affect people differently based on differences in the immune system. Even healthy children and adults can get very sick from the flu.
7. In the United States, thousands of healthy adults and children have to visit the doctor or be hospitalized from flu complications each year. Flu vaccination can help protect you and your family from the flu and its complications.
8. Flu seasons are unpredictable. The severity of influenza seasons can differ substantially from year to year. Over a period of 30 years, between 1976 and 2006, estimates of yearly flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people during the most severe season.

- a) Each year in the United States on average: An estimated 5-20 percent of the population can be infected with the flu, and more than 200,000 people may be hospitalized during a flu season.
 - b) The 2009 H1N1 pandemic is an example of how unpredictable the flu can be. For more information about the 2009 H1N1 pandemic, see <http://www.cdc.gov/h1n1flu/>.
9. Since 2004-2005, flu-related deaths in children reported to CDC during regular influenza seasons have ranged from 35 deaths (during 2011-2012) to over 165 deaths (during 2012-2013). However, during the 2009 H1N1 influenza pandemic, (April 15, 2009 to October 2, 2010), 348 pediatric deaths were reported to CDC.
 - a. More information about pediatric deaths since the 2004-2005 flu season is available in the [interactive pediatric death web application at http://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html](http://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html).
 10. To date, most flu-related pediatric deaths have occurred in children who were not vaccinated against flu.
 11. An average of over 200,000 people in the United States are hospitalized each year from flu and its related complications. Older adults, specifically those 65 years of age and older, typically account for about 60% of these flu-related hospitalizations each year and about 90% of flu-related deaths. (Thompson et al JAMA 2004, Dao et al JID 2010; 202(6):881-888)
 12. The 2012-2013 season began early, was moderately severe and lasted longer than average compared with previous seasons (see "[2012-2013 Flu Season Drawing to a Close](#)" for more information). The 2012-13 season was a reminder of the unpredictability of influenza.
 13. It is not possible to predict how mild or severe the 2013-2014 season will be.

Vaccine

1. The first and most important step in protecting against the flu is to get a flu vaccine each season.
2. Everyone 6 months of age and older is recommended to get the 2013-2014 flu vaccine, with rare exceptions.
3. You should get your flu vaccine soon after it becomes available, ideally by October. However, as long as flu viruses are circulating, vaccination should continue throughout the flu season, even in January or later.
4. It's best to get vaccinated before the flu starts to spread in your community. It is not possible to know exactly when the flu season will start each year. While seasonal influenza outbreaks can happen as early as October, most of the time influenza activity peaks in January or later. Since it takes about two weeks after vaccination for antibodies to develop in the body that protect against influenza virus infection, it is best that people get vaccinated so they are protected before influenza begins spreading in their community.
5. CDC recommends an annual flu vaccine as the first and best way to protect against influenza. There are two reasons for getting a flu vaccine every year:
6. The first reason is that because flu viruses are constantly changing, flu vaccines may be updated from one season to the next to protect against the viruses research indicates will be most common during the upcoming flu season.
7. The second reason that annual vaccination is recommended is that a person's immune protection from the vaccine declines over time. Annual vaccination is needed for optimal protection.
8. Flu vaccination prevented an estimated 13.6 million flu cases, 5.8 million medical visits and nearly 113,000 flu-related hospitalizations in the United States over a 6-year period (2005-2011), according to a study by CDC experts.

9. The composition of the flu vaccine is reviewed each year. If needed, the vaccine is updated to protect against the flu viruses that research indicates will be the most common during the upcoming season. Even in years when the composition does not change, new flu vaccine is manufactured every season.
10. A flu vaccine reduces your risk of illness, hospitalization, or even death.
11. When you get your flu vaccine, your body starts to make antibodies that help protect you from the flu. It takes about two weeks after vaccination for the immune system to fully respond and for these antibodies to provide protection.
12. Protect your family from the flu by getting yourself and your family members vaccinated.
13. Getting a yearly flu vaccine is especially important for people at high risk of serious flu-related health complications and their close contacts.
14. People at high risk of serious flu complications include:
 15. young children (those younger than 5 years of age, particularly those younger than 2 years of age),
 16. adults age 65 years and older,
 17. people with weakened immune systems,
 18. pregnant women,
 19. persons aged 18 years or younger who are receiving long-term aspirin therapy,
 20. American Indian/Alaska Natives,
 21. people who are morbidly obese (Body Mass Index of 40 or greater),
 22. people with chronic medical conditions like asthma, diabetes (type 1 and type 2), neurologic conditions, and heart and lung disease.
23. For more information about people at high risk of serious flu-related complications visit: http://www.cdc.gov/flu/about/disease/high_risk.htm.
24. Flu vaccines are offered in many locations, including: doctor's offices, clinics, health departments, retail stores, pharmacies, health centers, as well as by many employers and schools.
25. Even if you don't have a regular doctor or nurse, you can get a flu vaccine somewhere else, like a health department, pharmacy, urgent care clinic, or maybe your school, college health center or work.
26. Find a flu vaccination clinic near you with the vaccine finder at <http://vaccine.healthmap.org/>.
27. Flu vaccines cannot cause influenza infection or illness.
28. The flu vaccine cannot give you the flu. The most common side effects from a flu shot are a sore arm and maybe a low fever or achiness. The nasal spray flu vaccine might cause congestion, runny nose, sore throat, or cough. If you do experience them at all, these side effects are mild and short-lived.
29. The flu vaccine is used to prevent flu illness, not to treat it.
30. A flu vaccine protects against influenza viruses. It will not protect against other respiratory viruses that may cause symptoms that are similar to those seen with flu infection.
31. Some people should talk with a doctor before getting an influenza vaccine, including:
 32. People who have had an allergic reaction to flu vaccines in past
 33. People who have ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS)
 34. People with an allergy to chicken eggs.
35. Studies have shown that flu vaccine can be safely received in people with a history of mild reactions to egg with some additional safety measures.
36. People with mild reactions to eggs — specifically, those who have only experienced hives — should receive the influenza vaccine with some additional safety measures, such as observing patient for a short time following vaccination.
37. People who have certain severe reactions to eggs should either (1) receive a vaccine that does not use eggs in the manufacturing process or (2) be referred to a health care professional with expertise in the management of allergic conditions for further risk assessment before being vaccinated.

38. For the 2013-2014 flu season, there is a flu vaccine option (Flublok[®]) for persons 18 through 49 years of age that does not use the influenza virus or chicken eggs in its manufacturing process. This vaccine is egg-free.
39. A summary of recommendations for vaccination of persons with egg allergy can be found at: <http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#egg-allergy>.
40. People who are moderately or severely ill, with or without fever, should generally wait until they recover to get vaccinated.
41. Medicare covers both flu and pneumonia vaccines with no co-pay or deductible. Children eligible for Medicaid and Children's Health Insurance Program (CHIP) are eligible for flu vaccines and all other vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).
42. In addition to flu vaccine, other vaccines are recommended for adults to prevent serious diseases such as shingles, pneumonia caused by pneumococcal bacteria, hepatitis, meningitis and whooping cough.
43. Unfortunately, few adults are aware that they need other vaccines, leaving themselves and their loved ones unnecessarily vulnerable to serious diseases.
44. Adults should talk with their doctors to learn which other vaccines are recommended for them and take steps to stay up-to-date to ensure that they have the best protection.
45. Visit CDC's website on adult vaccination: <http://www.cdc.gov/vaccines/adults>.
46. Take the CDC quiz to find out which vaccines might be right for you: <http://www.cdc.gov/vaccines/adultquiz>.
47. Starting in October, more Americans, even those with preexisting conditions, will qualify for health insurance coverage that fits their budget and needs. It includes many free screenings, vaccinations, and counseling. Visit www.HealthCare.gov or call 1-800-318-2596 to learn more.
48. For more information about the seriousness of influenza and the benefits of influenza vaccination, talk to your doctor or nurse, visit www.cdc.gov/flu, or call CDC at 1-800-CDC-INFO.

Final Flu Vaccination Coverage Data for the 2011-12 Flu Season: Segmented by Age and Ethnicity

Coverage by Age:

Coverage for children 6 months through 17 years of age was 56.6% in the 2012-13 season, an increase of 5.1 percentage points from the 2011-12 season. State-specific flu vaccination coverage for children 6 months through 17 years ranged from 44.0% to 81.6%.

- Coverage for children decreased with age:
 - 76.9% for children 6-23 months
 - 65.8% for children 2-4 years
 - 58.6% for children 5-12 years
 - 42.5% for children 13-17 years
- Coverage increased in the 2012-13 season:
 - Children 5-12 years: an increase of 4.4 percentage points from the 2011-12 season
 - Children 13-17 years: an increase of 8.8 percentage points from the 2011-12 season
 - Changes in coverage were not significant for other age groups

Coverage for adults aged 18 years and older was 41.5% in the 2012-13 season, an increase of 2.7 percentage points from the 2011-12 season. State-specific coverage ranged from 30.8% to 53.4%.

- Coverage for adults increased with increasing age:
 - 31.1% for adults 18-49 years
 - 45.1% for adults 50-64 years
 - 66.2% for adults 65 years and older
- Coverage increased in the 2012-13 season:
 - Adults 18-49 years: an increase of 2.5 percentage points from the 2011-12 season
 - Adults 50-64 years: an increase of 2.4 percentage points from the 2011-12 season
 - Adults 65 years and older: an increase of 1.3 percentage points from the 2011-12 season
- Among adults 18-49 years of age with at least one high-risk medical condition (asthma, diabetes, or heart disease), coverage for the 2012-13 season was 39.8%, an increase of 3 percentage points from the 2011-12 season coverage estimate of 36.8%. State-specific coverage ranged from 17.9% to 58.8%.

Coverage by Sex:

Children (6 months-17 years)

- There were no differences in coverage for male and female children.

Adults (18 years and older)

- Coverage was higher for females (44.5%) than for males (38.3%).

Coverage by Race/Ethnicity:

Children (6 months-17 years)

Coverage for Asian children (65.8%) was significantly higher than all other racial/ethnic groups.

- Coverage for non-Hispanic Asian children (65.8%), Hispanic children (60.9%), non-Hispanic black children (56.7%), and non-Hispanic children of other or multiple races (58.5%) was significantly higher than for non-Hispanic white children (53.8%).
- Coverage for non-Hispanic American Indian/Alaska Native children (52.5%) was similar to that for non-Hispanic white children (53.8%).
- There were significant increases in coverage from the 2011-12 season for non-Hispanic white children (6.2 percentage points), non-Hispanic Asian children (7.6 percentage points), and non-Hispanic children of other or multiple races (8.5 percentage points).
- Coverage for non-Hispanic black, Hispanic, and non-Hispanic American Indian/Alaska Native children did not change from the 2011-12 season.

Adults (18 years and older)

Coverage among adults aged 18 years and older increased across all racial/ethnic groups except for American Indian/Alaska Native adults and adults of other or multiple races in which coverage did not change.

- Among adults, coverage for non-Hispanic Asians (44.8%), non-Hispanic whites (44.6%), and non-Hispanic American Indians/Alaska Natives (41.1%) was higher than coverage

for non-Hispanic adults of other or multiple races (38.0%), non-Hispanic blacks (35.6%), and Hispanics (33.8%).

Appendix B: News Release Template

Use the template below to draft your own press release, which should answer, who, what, where, when, why, and how of the event or activity. It also should include a quote from the appropriate person in your organization. The following sample press release includes further explanation of each section.

FOR IMMEDIATE RELEASE

CONTACT: Tom Jones

California Department of Health Services

Phone: (916) 555-5555

Fax: (916) 555-5500

For Immediate Release – These words should appear in the upper left-hand margin, just under your letterhead. You should capitalize every letter.

Contact Information – Skip a line or two after release statement and list the name, title, telephone, and fax numbers of the person with the most information. It is important to give your cell number since reporters often work on deadline and may not be available until after hours.

[NAME OF YOUR DEPARTMENT] Holds Flu Shot Clinic as Part of National Influenza Vaccination Week Local Pharmacy Hosts Fall Festival

Headline – Skip two lines after your contact info and use a boldface type.

[CITY, State]—Today, **[NAME OF YOUR DEPARTMENT]** is hosting a **[EVENT]**, which is expected to involve more than **[MINIMUM NUMBER OF EXPECTED PARTICIPANTS]** from **[NAME(S) OF AREA(S)]**. Some of the activities planned for today include **[LOCAL ACTIVITIES]**.

Subhead – Fleshes out the headline to further entice the editor.

[INCLUDE ANY OTHER PERTINENT INFORMATION REGARDING YOUR EVENT HERE.]

This year's flu season (or) National Influenza Vaccination Week provides an important opportunity for our community to tell people how important it is for people to get an annual flu shot," said **[NAME AND TITLE OF SPOKESPERSON]**. "Getting vaccinated is the single best way for people to protect not only themselves against flu, but their loved ones as well."

Body – Double check your release for accuracy and keep it to one page if possible.

For more information about influenza and influenza vaccine visit www.cdc.gov/flu and **[INSERT DEPARTMENT/ORGANIZATION WEBSITE, IF APPLICABLE]**.

###

Appendix C: Public Service Announcement Tip Sheet

Public service announcements (PSAs) offer you the opportunity to promote flu vaccination and NIVW activities and program to the general public for free.

Motivating Public Service Directors and Producers

Most TV/radio stations have public service directors who decide which PSAs will air. Public service directors are busy people who receive many PSAs every day. They are most likely to use PSAs that they believe are of local interest to their communities, and they often favor issues and causes related to health. Because influenza vaccination is an important issue that affects many

families in your community, public service directors will likely find NIVW or flu vaccination PSAs highly appealing.

The following tips will help you get your PSAs placed on radio stations.

Know Who Is in Charge

Radio station public service directors may have various titles, including community affairs director, advertising manager, or general manager. Often, the on-air personalities or the producers decide which PSAs will air. Call the station and ask whom you should contact about placing your PSAs.

Write a Letter of Introduction

Once you have determined whom to contact, send a letter of introduction that includes the following information:

- The importance of seasonal flu vaccination
- Your success stories and how they have made an impact on your community
- Your plans for supporting the flu season in general and/or NIVW
- A call-to-action—ask the radio station to support your activities by running PSAs.

Remember to keep it local. The people in charge of PSA placement want to know how the issue affects their community.

Meet Face to Face

Follow up your letter by scheduling meetings with the public service directors at the radio stations where you want your PSAs to air. These meetings put a face on the issue and provide an opportunity for you to educate public service directors about issues related to influenza vaccination. It generally takes a few weeks for radio stations to put PSAs on the air, so you should schedule your meetings well in advance of your events or NIVW. Then, ask the radio station to run your PSAs before the event.

Say “Thank You”

Follow up your visits and meetings with thank-you notes. Acknowledge radio stations once they use the PSAs. Send thank-you notes, and let them know you are delighted that they were able to help raise awareness about the importance of seasonal flu vaccination.

Use Your Connections

Perhaps you or someone in your program already knows someone in a management position at a radio station. Take advantage of that connection to encourage your contact to use your PSAs.

Approach Radio Stations That Use PSAs

Not all radio stations use PSAs. So listen to the radio stations in your community and approach those stations that already air PSAs. If you live in a large metropolitan area, it might be challenging to get your PSAs placed on the most popular radio stations. On the other hand, there are probably several less popular radio stations that will be willing to air your PSAs. Ask if there are other ways to get your flu promotion message out to the community.

Seek a Media Partnership

Often the media, including TV and radio stations, newspapers, and magazines, will sponsor community events. When they do, they actively promote the event by giving PSAs premium placement and even producing PSAs. If a media outlet does agree to a sponsorship, they usually ask that the organization co-brand the event. For example, they might ask you to name the event “The Channel 4 National Influenza Vaccination Week Flu Clinic.” There is one downside to a media-sponsored event—competing media will not use your PSAs. This downside could be far outweighed by the benefits of gaining premium PSA placement and visibility with the media outlet

with which you form the partnership. Weigh your options and assess whether a media partnership makes sense for your event or organization.

Reaching Diverse Audiences with PSAs

Media serving diverse communities offer an outstanding opportunity for PSA placement, especially if you offer in-language PSAs. The key to placement in ethnic and specialized media is to make all communications meet the needs of that outlet's target audiences.

Ensure that you share any immunization data related to Hispanics and include any research conducted among diverse subgroups that is relevant to their listening audience. For example, if the listening audience is primarily Puerto Rican, convey research findings and include that this was tested among Puerto Ricans.

If you are focusing on Hispanic radio stations, for example, make sure you provide both Spanish and English versions of the PSAs—there has been a growing trend toward Spanish media using both languages. Independently owned Spanish language radio stations at the local level, for example, are more willing to play PSAs if they are culturally relevant. These stations have a vested interest in their communities.

Be sure any correspondence to the media outlet is in Spanish. Although public service directors at Spanish-language radio stations are likely fluent in both English and Spanish, they will appreciate the sincerity of your pitch if it is in Spanish, and the gesture will increase your opportunity for placement.

Appendix D: Sample Matte Article

Audience: Everyone 6 months and older
Word count: 648
CDC 2013-2014 Flu Season

Flu Vaccination: The Best Way to Protect the Ones You Love from Flu

An annual flu vaccination is the best way to prevent the flu as well as flu-related complications that could lead to severe illness, hospitalization and even death. Health experts across the country recommend that everyone 6 months and older get a flu vaccine. Flu vaccination can reduce flu illnesses, doctors' visits, missed work due to flu, as well as prevent flu-related hospitalizations and deaths.

Influenza is among the most common respiratory illnesses in the United States, infecting millions of people every flu season. Every year, flu spreads across the country, from person to person, among families and communities. The severity of flu illness can vary from mild to severe. When severe, flu complications can lead to hospitalization and sometimes even death. CDC estimates that from the 1976-1977 season to the 2006-2007 flu season, flu-associated deaths ranged from a low of about 3,000 to a high of about 49,000 people. And each year it's estimated that more than 200,000 people are hospitalized because of flu-related complications.

Over the years, the number of people recommended for flu vaccination has grown steadily as experts have learned more about who is at high risk for flu complications or who bears the greatest burden of illness and is likely to spread flu in the community. Scientists and public health experts have come to recognize that while influenza is particularly dangerous for certain people, it can cause severe illness and even death for anyone, regardless of whether or not they are "high risk." Even healthy children and young adults can get very sick from the flu.

"One of the greatest challenges we face from the flu is the uncertainty of the disease," explains Dr. Anne Schuchat, Director of the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention (CDC). "Flu viruses are constantly changing.

Each flu season, different flu viruses can spread, and they can affect people differently based on their body's ability to fight infection." Since flu viruses are constantly changing and immunity can decline over time, annual vaccination is needed for optimal protection.

People with certain long-term health conditions are at high risk of suffering from serious flu complications. Last season, nearly 92 percent of adults hospitalized with flu had a long-term health condition; as did about 55 percent of children reported to be hospitalized for flu. Asthma, diabetes and chronic heart disease are common examples of long-term health conditions. A flu vaccine is the first and best way to prevent influenza and is particularly important in people who are at high risk of serious flu complications. For a list of people at high risk, see http://www.cdc.gov/flu/about/disease/high_risk.htm.

There are some people who should not get a flu vaccine; for instance, people who have had a severe reaction to a flu vaccine or any of its components in the past. For more information about who should and who should not get vaccinated, visit <http://www.cdc.gov/flu/protect/whoshouldvax.htm>.

Getting a flu vaccine is more convenient than ever before. Vaccines are available in a variety of locations, for example, from your doctor or local health department, and at many pharmacies. Many employers, schools, and retail stores also offer flu vaccines. Additionally, there are several [vaccine options](#) for the 2013-14 season. CDC does not recommend one vaccine over the other, so talk to your doctor or nurse about the best option for you. Use the vaccine finder at <http://vaccine.healthmap.org/> to find a flu vaccination clinic near you. Call ahead to confirm availability for any specific vaccine options.

As part of the Affordable Care Act, all plans in the Health Insurance Marketplace and other plans will provide many free preventive services, including flu vaccinations. For information about the Health Insurance Marketplace, visit www.HealthCare.gov. For more information about influenza or vaccination, talk to your doctor or visit <http://www.cdc.gov/flu>, or call 1-800-CDC-INFO (800-232-4636). For more information about the flu vaccine, go to <http://www.cdc.gov/flu> or call 1-800-CDC-INFO (800-232-4636).

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Appendix E: Checklist for Conducting a News Conference

If properly used, a news conference can be a good way to provide media with information on influenza vaccination events, particularly during NIVW. Consider the following items when planning and implementing your press conference.

Plan Date, Time, and Location

- Have you given the media as much advance time as possible?
- Is your event in a location that is easily accessible to the media?

Invite Key Media to Attend By Sending Out a Media Advisory

- Have you made sure the media advisory gives the date, time, and location of the news conference, the subject to be discussed, the names of the people who will be speaking or otherwise participating, names of contact people from whom they can obtain advance (and follow-up) information, and a list of languages in which materials will be provided?
- Have you placed follow-up calls before the conference to remind reporters about the event?

Prepare the Room

- Have you made sure your news conference site includes staging, chairs, a podium, and microphones and checked to ensure all equipment is working properly?

- Do you need a mult box from an audio/visual company for broadcast reporters to plug into to obtain clear sound? Be aware that mult boxes may not be needed in areas with more advanced technology.
- Is your department's name (and logo) clearly visible on the front of your podium, or behind the speaker?
- Do you have a backup plan for possible glitches?

Provide Media Materials

- Have you prepared media kits including news releases, speaker names and bios, fact sheets, or other materials that might help reporters write their stories?

Be Prepared

- Have the main spokespersons rehearsed the key messages developed for the event and are they ready to answer questions?
- Have you made sure your spokespersons know what the most important information is and how to stay focused, even if asked questions that concern other issues?
- Have you developed answers to potentially controversial questions that may be asked, such as concerns about the vaccine's effectiveness and safety or adequate supply issues?
- Have you discussed in advance which key points will be made by each spokesperson?
- Have you designated a moderator in advance of the news conference to keep the conference on schedule, established ground rules, and fielded reporters' questions?
- Have you set a clear end time for the news conference?
- Have you made a Spanish or other appropriate language spokesperson available at the news conference and have you referenced that in your media materials?

Be Thorough

- Have you made sure all questions are answered during the news conference? If a spokesperson does not know the answer to a question, make sure a member of the team finds the answer after the news conference and makes it available to the reporter as soon as possible. If possible, allow spokespeople to be available one-on-one with reporters following the conference to answer questions.
- Have you designated someone to ask questions during the news conference that reporters may not raise?

Monitor Attendance and Follow Up

- Have you asked reporters to sign in? This will provide a list of who attended and who did not attend.
- For key media personnel who were not able to attend, have you offered them a phone interview with the spokespersons or sent them a media kit?

Appendix F: Media Advisory Template

Use the template below to create your media advisory. The advisory should answer "who," "what," "where," "when," "why," and "how" of the event or activity. It also should include contact information for your organization. A media advisory should be sent out before an event and again the day of the event.

MEDIA ADVISORY FOR IMMEDIATE RELEASE

CONTACT: Tom Jones

California Department of Health Services

Contact Information – Skip a line or two after the advisory statement and list the name, title, telephone, and fax numbers of the person with the most information. It is important to give your cell number since reporters often work on deadline and may not be available until after hours.

Phone: (916) 555-5555
Fax: (916) 555-5500

**[NAME OF YOUR DEPARTMENT] Holds [EVENT] as Part of National
Influenza Vaccination Week**

**Headline – Skip
two lines after
your contact info
and use a
boldface type.**

[CITY, State]—[NAME OF YOUR DEPARTMENT] is hosting a [EVENT], which is expected to involve more than [MINIMUM NUMBER OF EXPECTED PARTICIPANTS] from [NAME(S) OF AREA(S)].

WHO: [LIST ANY VIPS AND OTHER ATTENDEES OF NOTE WHO MAY BE OF INTEREST TO THE PRESS. INCLUDE TITLES WHENEVER POSSIBLE.]

WHAT: [PROVIDE ADDITIONAL DETAILS ABOUT THE EVENT (I.E., WHAT ACTIVITIES ARE SCHEDULED, ETC.)]

WHERE: [ADDRESS OF THE EVENT LOCATION]

WHEN: [DATE AND TIME OF THE EVENT]

WHY: National Influenza Vaccination Week provides an important opportunity for our community to tell people how important it is for people to get an annual flu vaccine. Getting vaccinated is the single best way for people to protect not only themselves against flu, but their loved ones as well.

CONTACT: [NAME, PHONE NUMBER(S), FAX AND EMAIL ADDRESS OF CONTACT]

For more information about influenza and influenza vaccine visit www.cdc.gov/flu and **[INSERT DEPARTMENT/ORGANIZATION WEBSITE, IF APPLICABLE].**

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Appendix G: Speechwriting Tip Sheet

If you are conducting National Influenza Vaccination Week activities, there is a good chance that someone from your department will deliver your messages through a short speech or presentation. A detailed outline can provide the framework for an organized and compelling speech. The outline should include the topic, purpose, and audience, as well as three main ideas that support the topic and purpose.

A good length for the average speech is 10 to 20 minutes. If you need more time to make your point, do not be afraid to take it. Because your audience cannot go back and review confusing parts of your speech, it is important for you to deliver a clear, organized presentation and repeat your central points. Below is a general speech outline that you might be able to adapt to suit the special needs of your audience.

I. Introduction—Tell them what you're going to tell them. This should take 1 to 3 minutes.

- A. Grab your audience's attention
- B. State your topic and purpose
- C. Preview your speech

II. Body—Tell them. Illustrate the points that support your theme. This should take 8 to 15 minutes.

- A. State first main idea
- B. State second main idea
- C. State third main idea

III. Conclusion—Tell them what you told them. This should take 1 to 2 minutes.

- A. Restate your main ideas
- B. Add a memorable conclusion

After your first draft of the presentation, go back and revise, reword, and rearrange your ideas, as necessary. Refer back to your outline to make sure that items are parallel and logical. Make sure you have sufficient support for each of the statements you have included.

Dos and Don'ts of Speechwriting

Do:

- Find out everything you can about the group you are speaking to, the venue, and the event.
- Ask how much time you have to give your speech.
- Check to see if they have what you need for visual aids—overhead projector, LCD projector, etc.
- Prepare an outline of your speech before you start to write it.
- Deliver your speech to someone before the event to practice.
- Give facts and figures with references to back them up.
- Have a clear objective in giving the speech (what you want the audience to know and take away from the speech).
- Concentrate on your message(s).
- Visualize yourself giving the speech.

Don't:

- Use humor unless you are positive about what the reaction will be.
- Assume the audience knows all of the background information about your topic.
- Use jargon or confusing phrases.
- Exaggerate, stretch the truth, or lie.
- Say more than you need to.
- Rely too much on visual aids to tell your message.
- Talk down to the audience.
- Use the same speech for every venue.

Appendix H: Public Speaking Tip Sheet

The best speakers are those who believe in what they are saying and whose sincerity and dedication to their topic are apparent. Before you choose your speakers, consider your audience. What messenger will they best respond to? Would it be physicians or nurses? Older adults? People with chronic health problems such as asthma or diabetes? Someone from the health department or a respected local community health worker? No matter whom you choose the speaker needs to convey expertise, experience, interest, and commitment to the importance of influenza vaccination.

These tips can help you prepare your spokespeople to present a confident and compelling speech.

Content. Share information about yourself up front. This personalizes you to the audience and makes listeners feel that they know you. This also is the opportunity to share your own experiences with influenza vaccination initiatives.

Eye Contact. The only way you will know if your audience is getting the message is through eye contact. Look for eyes and heads nodding with you.

Facial Expressions. Your facial expressions can tell the story of how much you care about the issues you are talking about. Allow your passion for the issue to show, as this gives off energy, and energy makes you convincing.

Gestures. Some of what people retain from speeches is through body language. Gestures reinforce and highlight your story and give you energy in your delivery.

Voice. Try not to speak in a monotone. Avoid “language helpers” such as “ums,” “ahs,” and “you knows.” Never try to camouflage a regional dialect. All you have to do is tell people where you are from and they will expect you to sound the way you do.

Pauses/Silence. There are four good times to pause: when you move from one subject to another, when you want the message to sink in, when you want or need to collect your thoughts, and when you receive laughter or applause.

Avoid Distractions. Do not fiddle with your hair, shuffle your feet, sway back and forth, jingle change in your pockets, play with your eyeglasses, or otherwise do something that will take away from what you are saying.

Practice. Practice, practice, practice. If possible, spend time alone just prior to your speech; take some deep breaths and think about your central theme.

Being Nervous Is Normal. Try and “reframe” your fear into excitement and enthusiasm. Remember that you are the expert and people have come to hear you talk about what you know.

Is Your Presentation Culturally Competent? When presenting to audiences from different cultural backgrounds, use the following tips from the National Center for Cultural Competence at Georgetown University.

- Consult with people from the community about customs and taboos in speaking and presenting. Do not assume anything about practices and customs. Is it acceptable to look a person in the eye when they are speaking? Is it considered rude to shake hands before someone else introduces you?
- Consider asking someone from that community who can effectively deliver your message to co-present or conduct the entire presentation.
- Think about your message. Is it crafted in a way that is relevant (and not offensive or condescending) to your audience?
- Be open to suggestions, and be willing to adapt and modify your message and presentation style to your audience.

If you have to use an interpreter, keep these points in mind.

- Talk directly to the audience and not the interpreter. Give the presentation as if they speak your language, and try to connect with them.
- Do not use clichés or jargon that might confuse the interpreter or may not be translatable.
- Jokes are seldom funny when translated, and they may be culturally offensive.
- Give the interpreter as much information ahead of time as possible. If you have a copy of the speech, share it even if you know you won't follow it to the letter.

- Notice the pace and manner of the interpreter. Practice with the individual if possible. Try to adjust your speech to that pace.
- If you want to put in a few words or phrases in the audience's language, make sure you can pronounce them properly, that you are saying what you mean to say, and that the interpreter knows what you are trying to say beforehand.

Appendix I: Additional Resources

CDC Seasonal Flu website: <http://www.cdc.gov/flu>

U.S. Government Influenza website: <http://www.flu.gov>

Vaccine Adverse Events Reporting System (VAERS) website: <http://vaers.hhs.gov>

World Health Organization Influenza website: <http://www.who.int/csr/disease/influenza/en/>

U.S. Food and Drug Administration Influenza Virus Vaccine Safety & Availability website: <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM110288>

CDC Public Health Image Library: <http://phil.cdc.gov/phil/quicksearch.asp>

Influenza Vaccination Coverage: <http://www.cdc.gov/flu/fluview/index.htm>