

CENTERS FOR DISEASE CONTROL AND PREVENTION

Moderator: David Williamson

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2:00 pm EDT

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode until the question and answer session of today's conference. At that time, you may press star then the number one on your phone to ask a question. I would like to inform all parties that today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the conference over to Mr. David Williamson with CDC State Coordination Task Force. You may begin.

David Williamson: Hi you all. Good afternoon or good morning depending on where you are located. As (Jennifer) said, this is David Williamson. I'm with the State Coordination Task Force - the Territorial Health Lead. Welcome to Sustaining the Zika Response in 2017. This is the Risk Communications National Webinar.

Some of you may know that on March 1 we kicked off this webinar series with an overview providing our thoughts on Zika preparedness and response activities, and we're following that up with a series of in-depth presentations, deep dives if you will, from various task forces and specific areas related to Zika. This one as we mentioned a minute ago is on communications. We have invited participants from the states including state health officers, state, local and territorial preparedness directors, epidemiologists, laboratory staff, anyone who participates in Zika-related activities within those jurisdictions and also other staff with Zika-related expertise within those jurisdictions. We're aware that the invite has been shared with your constituents and other

appropriate parties of interest and let you know that we will be recording and transcribing this session for your information later. Today if you represent the media and press we're asking that you please disconnect as today's session is really structured for public health practitioners and participation.

The intent of today's webinar is a brief overview on communications related to Zika preparedness and response activities. That session will be followed by functional two-way discussion in which our participants on the lines will have the opportunity to help us identify gaps, address issues, provide questions and hopefully we'll have some discussions as well to address anything that you have on your mind.

Following today's webinar, there will be six remaining webinars, deep dives if you will, on the following functional areas; epidemiology, vector issues, public and private partnerships, pregnancy and birth defects, blood safety and medical investigations. Keep in mind that we will continue to update our guidance as we learn more through research and effective public health practice. This is a dynamic process and we will continue to learn and continue to engage with you all as we all learn. Following today's presentation and question and answer segment, if you have additional questions please feel free to email us at preparedness@CDC.gov and today we are very fortunate to have an expert with us in health communications, Cathy Young. She is a health communications specialist with the National Center for Emerging and Zoonotic Infectious Diseases. She's worked on and off with CDC since 1996 and in her current role with Zika she is the Deputy Lead of the Joint Information Center. She has past, substantial past, experience in communications working as a health communications specialist for the emergency communications systems and as a biomedical writer/editor for our very popular Emerging Infectious Diseases journal.

She has a BA in English from Georgia State University, is working on her Master's Degree in English at Kennesaw State University and we're very pleased to have you today with us, Cathy, and with that I'm going to turn it over to you and welcome you and welcome our participants to our Webinar today.

Cathy Young: Great, thank you very much for having me and thanks everybody for taking the time out to join us. I'm going to talk today a little bit, very briefly, about the best practices that we base how we communicate everything on, and then I'm going to go much deeper into communication research and what we found and how we view that information to tailor our messages and then share some Zika numbers with you and talk briefly about the domestic readiness campaign, and then the largest portion will focus on resources that we have that you guys can use.

So if we could go to Slide 5? So, this has been a really complex communication challenge. The risk is so severe there's a lot that we haven't known, there are multiple audiences and languages and opinions about, for example, the use of (aerial spraying) and in addition to that, you know, with it covering so many different topics so it's been really challenging to communicate and get everybody to agree on what we are saying. And so we've been using, you know, guiding principles of using evidence-based communication strategy and coordinating at all levels of government and using our research to understand what people know, what their needs are and what their behaviors are and then collaborating with the community to inform our strategy, and we're also doing continuous evaluations.

Next slide please? And then to talk a little bit about what we've done in the past year, we had, as you all noticed, the Zika Summit where we had some communication planning sessions and we were able to use those sessions to

help the states develop plans and you know, talked about CERT and risk communication principles. Next slide please?

So, you know, during this response there's been a lot of coordination between local, state, and federal agencies and you know, trying to harmonize all of our communication and how we're doing it. I think that's all on that one. Next slide please?

And so communication research, we've focused a lot on that this year. We've used various different methods of testing things and I'll talk more about that in this next section, so next slide please?

So, we've used things like the Harvard Polls, Annenberg Surveys, we've done our own media monitoring and intercept interviews, concept testing and message testing, and the message testing has been in-depth interviews and online surveys and we are continuing to do that going forward.

So, before this presentation we reviewed 15 studies that we have done over time and those included the intercept interviews, in-depth interviews, concept and message testing, and focus groups and polls, and all of these were done in Puerto Rico, the U.S. Virgin Islands, Texas, and Florida and included pregnant women, partners of pregnant women, women of child-bearing age and friends and family of pregnant women. And we found some overarching attitudes towards vector control. The one thing that we found somewhat surprising was that the people who were reading our fact sheets and our website felt like everything was directed towards individuals and that they should be directed more towards the community and we have worked on some fact sheets for those and tested them but it seems as though the concept isn't quite getting through so we're still working on that. The two things that people thought were the easiest things to do were to use insect repellent and

getting rid of standing water. There was a lot of resistance to screens, a lot of the people we talked to thought it was too expensive or it was someone else's responsibility if they didn't own their home or that it was their husband's responsibility if they did own their home. Of course wearing long-sleeved shirts and pants were seen as difficult because of heat and they wanted more information about chemicals used in truck spraying and repellents and again, we've used that. We are starting to work on developing those.

There was a consistent lack of knowledge about post-travel recommendations, specifically to use insect repellent for three weeks and to use condoms. And there was a misperception that staying indoors would prevent mosquito bites and as you probably know, these mosquitoes like to inside so it isn't necessarily a good strategy.

Next slide please? This next slide is from interviews that we did with pregnant women in Puerto Rico in coordination with WIC and it was done to evaluate our Zika protection kits, the ZPKs and what we found very interesting is this repellent use before and after receiving a ZPK was just a significant increase in using repellent and mostly they decided that they were giving it and they didn't have to buy it.

Next slide please? And because of the extensive education that the WIC clinics have done, I found this slide to be very interesting that most of the pregnant women found their information from WIC as opposed to news, which we often see. Next slide please?

Okay, in addition to this, we have done message testing in Miami. We interviewed nine pregnant women, we reviewed low literacy materials, six of the interviews were in English, three in Spanish and the ages ranged from 22 to 39. And the next slide shows the products that we had them look at and I'm

putting these out specifically because they tested well and so they're a really good resource.

People thought the flyers were clear and there were no major issues. They preferred pictures. That being said, we just don't have pictures to illustrate a lot of what we did in those fact sheets. They said they could relate to the fact sheets and they saw themselves in the images because they were images of pregnant women or families and they felt like it shows how Zika is spread by the mosquito and how it can be passed to the baby and the effects on the baby and how to protect themselves. And those were the things that we were trying to get across.

The images of the child's head had the greatest effect. It disturbed a lot of the participants but it also showed them how important it was. Next slide please?

We also did some message testing in Texas. We tested some new sexual transmission language and it tested well and we're working on getting that updated. But what I found interesting, and this happened in the message testing in Florida also, this person actually learned something from our message testing, you know, which was an added benefit. Next slide please?

We've also been doing web usability testing and have greatly changed our website based on the testing. The last testing was in September and October of 2016 with 17 consumers and 10 healthcare providers and it was in person and they were asked to complete a task, and it was tested on desktop, tablets, and smartphone versions of the website.

We found that our landing pages worked well; cross-linking helped users find information. The large category buttons, the example on the slide, for example Zika in Florida, were really helpful to users. What we did – what

needed improvement, was that they were struggling to understand some of the content, the sexual transmission guidance, which is actually why we tested some new language. The providers didn't go to the healthcare providers page so we're working on some solutions for that and the long pages on mobile devices posed a problem and that is a big issue for us because this - we found that 50% of the people are coming to our website through mobile devices. And this bar graph here, it shows the difference of success on the task before and after we redid our website. So when we did the second test, 87% of the people were able to complete the task as opposed to 22% before we redesign the we site. Next slide please?

And we're going to have a next round of usability testing with nine consumers and nine providers in April and May of 2017, and we're going to look at whether people understand our domestic travel guidance. If - how we can solve this problem with providers not going to the provider page. If the information for pregnant women is easy to find and these people understand our new international travel map, and we'll use the same methods we did last time.

Next slide please? And we've also been doing a domestic readiness campaign in Miami, Tampa, Fort Myers, Orlando, and Puerto Rico and we've had media that's specifically targeted towards the key audiences being pregnant women and their families and we've also - some of this research that I talked about was as a result of the domestic readiness campaign and we've been rapidly assessing our materials and then revising them based on what we've found and then you can see the large number of sources that we've been sending our messages out over in the domestic readiness campaign. Next slide please?

And these Zika by the numbers sort of gives you an idea when I talk about complicated how much we have had going on. We've cleared more than

1,500 communication products. We actually have reviewed more than 1,700 they just didn't all get cleared. I'm just going to go through a few of these numbers. We've answered more than 2,800 inquiries that came into CDC info and we posted more than 6,000 social media posts and then you have there the reach that we've gotten and more than 3 billion on Twitter, 20 million on Facebook and then 81 million views on our Zika website. Next slide please?

So this is the main thing I wanted to go over. I thought, well, if I were in a state or local health department what would I want to know and I'd want to know what CDC has that can be used. So the first thing I want to talk about is we have this great key messages document and I've given you the URL where you can find it. We also send it out via multiple partner newsletters but these are the standard messages that we use for everything if we're writing something we go to this document to see how we set it the last time. Next slide please?

We also have this communication resources site and it - you can find any type of communication product that we would have on this page. Next slide please? All of our communication products are available in English, Spanish, and Portuguese. Some products are available in other languages and at the beginning of the response we looked at census data for Florida, California, New Mexico, Texas, and Louisiana, which we thought were the states with the highest risk, to find out what languages people spoke other than English and Spanish. So, we translated 10 fact sheets into these seven languages; Chinese, Vietnamese, Tagalog, Korean, French Creole and Arabic and then some - as we received requests some other fact sheets are translated into other languages like Samoan or Bengali, Russian, Japanese, there's a large variety of different languages on the website. Next slide?

We also have the digital press kit, which we are in the process of updating, but it gives you access to pictures and fact sheets that we have. Next slide? The Zika virus microsite is a tool that you can use that it will publish the CDC material on your website. I cannot pretend that I understand how it works, I think it might be magic, but there is a link on that page for technical assistance if it is needed. Next slide?

You know, I wanted to point out, we have a couple of new-ish web apps. There's this Know Your Risk web app and where the person can select where they live, where they're traveling to and other criteria to let them know if they're at risk for Zika. Next slide?

And then for clinicians we have this pregnancy and Zika testing web app and I'm pointing both of these things out because both of these are very complicated issues and I think these apps really help people get to the answers quicker. Next slide?

We also have a variety of communication toolkits for various audiences. For example, schools, daycare centers, etc., and they have targeted materials for those audiences. Next slide? And most importantly is the website for all of you guys; the state and local health departments webpage. It has multiple resources on there and the one that I'm going to talk about is on the next slide, next slide please, is Z-CART. Z-CART is a plan, but in addition to that we have communication resources for the states, next slide, it's on the next - on this Collaboration Space and Communication Resource Center and in your invite you should have received a PDF with the information about the Communication Resource Center that it will explain how you can log onto it if you don't already have access. But all of these fact sheets that you see listed here on this page are available to you and you can insert your health

department logo in it and you know, if you ever have a desire for a different one you could let us know and we can work on getting that. Next slide?

Oh, that's it. So, that's everything I wanted to go over and, again, I thank you for listening.

David Williamson: Okay, well thank you very much Cathy, we really appreciate all of that information. I think it's a good time to open up the lines for any comments or questions or issues you'd like to bring forward while we have Cathy with us and an opportunity for all of us to listen and join in. So with that let me be quiet and have an invitation to you all to participate.

Coordinator: Thank you, we will now begin the first question and answer session. If you would like to ask a question, please press Star 1, unmute your phone, and record your name clearly. Your name is required to introduce your question. If you need to withdrawal your question, please press Star 2. Again, to ask a question, press Star 1. It will take a few moments for the questions to come through, please standby.

The first question comes from (Samuel). Your line is open.

(Samuel): Hi, thank you. Cathy, thank you that was a really great presentation. Just had a reaction or comment related to your surprise at the fact that a lot of the, I guess, women interviewed signal that they get their information from the WIC clinic, I hope I got that right. So, in Puerto Rico, that's by design. So they work with all of the WIC clinics in Puerto Rico and that's where they distribute their Zika prevention kits and that's where they sort of target a lot of their information because they prioritized that population, reproductive age, women, pregnant women who have given birth, infants, and they also include in their IM briefs and discussions, etc., representative of a liaison from the

WIC clinics. So it's not surprising that you would get those kind of results from your interview.

So I'm actually encouraged by your survey because it's - that's the way it should be, I mean, that's exactly the dynamic that should be reflected so you've captured it right. I would be surprised if it was different, the picture was different. So, thank you. The other question I had was whether you - I don't know if there are any folks from Puerto Rico on the line but certainly I think some of that information would be really helpful for Puerto Rico to hear about particularly Dr. (Carmen Basetta). Yes, great.

Cathy Young: Yes, thank you for your comments. I probably overstated my surprise. Yes, we were aware that that's how the information got out. It's surprising to me in that when you do normal surveys about how people get their information you never see WIC clinic on it. But, it was as intended, you're correct. And yes, the study that I mentioned we did in collaboration with the Puerto Rico Department of Health and it's actually it's now their data, we gave it to them, so I even had to ask permission for it, so yes, they're well aware.

(Samuel): Great, thank you. Great job.

Cathy Young: Thank you.

Coordinator: The next question comes from Eric Jens, your line is open.

Eric Jens: Yes, thank you. This is Eric Jens at the State of Georgia Public Health. I was interested to hear if you could share some more specifics about the JIC operation itself for some of your partners, what kind of communications and coordination do you have for passing along information, and just whatever details of significance that you might be able to share. We don't have a

formal JIC setup for Zika at this time; we came close to that point last year but Georgia did not quite reach what we determined to be the threshold. That story could be different this year.

Cathy Young: Yes, thank you. So, our Joint Information Center works slightly different than a lot of Joint Information Centers work, a lot of times they're very press focused. We're really almost all types of communication but in addition to the JIC we have some other teams like Pregnancy and Birth Defects and Travelers' Health that work outside of the JIC so we have a lot of internal communication. Partnerships is a lot harder to answer because there are so many groups including the group that is leading this, the State Coordination Task Force, that work with our partners. So - and we even have a partnership group that's outside of the JIC. So it's hard for me to answer except for the fact that we do have some communication channels that we always use in the JIC like COCA and Emergency Partners Network that we use to distribute things to our partners that we would do in any response. I hope that helps.

Eric Jens: Okay. Yes, thank you.

Coordinator: The next question comes from Dr. (Richard Vol), your line is open.

(Richard Vol): Thank you, great presentation. I just tried to go to Slide 32 and it says Know your Zika Risk web app and it says it's available at the bottom of the page at a specific web address. I went to that web address. It's very difficult to find it on there if it's there at all. So I think you guys need to either come up with a different web address or make sure it's prominent so that people can use this tool. I think it would be very valuable.

Cathy Young: Oh thank you. I don't know why you're having difficulty but we will look at the page. It's possible that I copied the wrong page but we will look at it and make sure it's - it's on several pages, I just picked one out at random.

(Richard Vol): Okay. At any rate, I think if people just put in where they live and where they're traveling to it would be very useful for them to gauge their risk.

Cathy Young: Yes. We will definitely look at this page and figure out if I just made an error in typing.

(Richard Vol): Okay, thanks.

Coordinator: The next question comes from Emi Chutaro, your line is open.

Emi Chutaro: Thank you very much. Wonderful presentation. I just have two quick questions. Is there any plans for the CDC to do any message testing or doing feedback group discussions on CDC messages in the Pacific Island jurisdiction, that's one question? And secondly, I'm curious in terms of some of the breakdown of the hits into the CDC website on the various tools and resources, is there a way of disaggregating some of that information to see how much of those hits came from the Pacific Island jurisdiction? I just wanted to be sort of more cognizant of the utilization of these resources from our island jurisdiction.

Cathy Young: Thank you for your question. We have not looked into doing anything in the Pacific Islands, it's definitely something we could talk about and I don't know the answer about the web but I can find out if you can - they'll share an email at the end of this, if you can send that question to their email we'll find out for you.

Woman 1: Okay, thank you.

(David Williamson): Cathy, is this something that you and your group were able to discuss with the Pac Islands so...

Cathy Young: Yes, we could.

(David Williamson): So I would just say, in follow up, if you'd like to send an email or start a conversation regarding potential ideas for communications out in the Pac Islands, please do so.

Woman 1: Okay, thank you.

(David Williamson): Yes.

Coordinator: The next question comes from (Hanna Olteen), your line is open.

(Hanna Olteen): Yes, thank you. My question is in regards to these online applications like the know your risk Zika application and how those are being tested. Specifically I was just looking at the Know Your Zika Risk and I see that there is a disclaimer that is for international destinations but then it does allow you to choose a US residence and proceeds to tell you that there is no risk in that location and so I was just wondering whether there are any concerns about that and how these apps are being tested to make sure they're being applied correctly?

Cathy Young: Yes, I did not mention that when I was talking about the web usability but I believe we would like to put that on our list of things to test. But I do think that is confusing and so it would be good to know what people think about it. So we will add that to our list of testing.

Coordinator: The next question comes from (Amy Nance), your line is open.

(Amy Nance): So I had another question again about the Know Your Risk App, are those - from what it looks like you're able to put them or embed them onto your website but is there any way to be able to put something out like that on social media to have someone go through this?

Cathy Young: That's a really good question. I will have to ask our social media folks. So that would be another question if you could email it in, we'll make sure that you get an answer back. But I can find out.

(Amy Nance): I'm sorry, one other question. So, I know you're doing a lot of that testing and those are our pieces that we are thinking about doing here in our own state. Would there ever be a possibility of getting questions that you're asking both groups and that you're testing those materials with but we could perhaps use in our state or just to work on those evaluation pieces, that's definitely where we're struggling?

Cathy Young: Yes, we could - mostly what we have done internally was message testing, we have done a couple of other focus groups and intercept interviews but those actually aren't ours to share but we can - yes, again if you just send that email we can make sure that you get what you need.

(Amy Nance): Okay, thank you.

(David Williamson): I didn't catch - (Amy) what state?

(Amy Nance): Utah.

(David Williamson): Yes, thank you.

Coordinator: As a reminder, if you wish to ask a question, please press Star 1 on your phone and record your name clearly. Our next question comes from Jennifer Burkholder, your line is open.

Jennifer Burkholder: Hi Cathy, thank you for the presentation. I'm the Zika coordinator at Georgia Department of Public Health and I've been asked about best practices for communicating Zika messages at the local level. Several people - they put up billboards with tip and toss messaging and I know that the Zika knowledge and awareness among the American public generally speaking has been pretty low despite our best efforts. I heard you highlight mobile responsive web design and considering the platform that people are using to consume health education information and I heard you say that the fact sheets have been helpful targeting specific communities like WIC populations or non-English speaking communities. Are there any other best practices that you've found to be especially helpful?

I know that you've done message testing but especially with regard to post international travel and the sexual transmission.

Cathy Young: We have struggled with that greatly but we have done several topic of the week campaigns. We stopped for a brief period and will start again in April and those did seem to get the messages out there. I'm just trying to think of other ways. The fact sheets tested really well but that being said, the people also had not seen them so I think getting the messages to the right people have been difficult. The domestic readiness campaign did a very good job of getting the message out in Miami.

Jennifer Burkholder: Okay, thank you.

Coordinator: Stand by please. Next question? I'm sorry, I was unable to get the name if you press Star 1 to ask a question, your line is open.

Woman 2: Hello?

Coordinator: Yes ma'am. May we have your name?

Woman 2: My name is Andrea and I'm with the University of Arizona here in Tucson and I want to say thank you Cathy for sharing all of this information. Some of you may know that we have an app, a mobile app by the name of Kidenga and it is a tool that tracks Zika, Dengue, and Chikungunya. And my question to you Cathy was, regarding the webpage or the web app, would you be able to share any information as to how those have worked as far as metrics go or you mention you had a billion website hits and I was just wondering, in those analytics what amount of those, you know, were directed to the Zika risk web app and the Zika testing web app that you have on your website?

Cathy Young: I don't have that information with me. I can ask our web team to look at those metrics but, again, if you could email in your questions so we make sure you get an answer back.

Woman 2: Thank you.

Coordinator: The next question comes from Allison Romano your line is open.

Allison Romano: Yes hi, I'm the Zika Project Manager for the Department of State Health Services and I had a question. First of all, thank you for this information. I put out a - a lot of other people, a Zika dashboard and I'm going to use some of this for the continuing activities especially the web app. I had a question

about your sample size. So for some of your methods of testing like for the web usability testing, the nine consumers and nine providers, is there a reason why you all aren't doing more people or is it time consuming or what's the thought behind that and I'll disconnect. Thank you.

Cathy Young: Thanks for your question. It really has more to do with our requirements for research, the OMB requirements so we can do up to nine.

(Allison Romano): Okay, thank you.

(David Williamson): Yes, to be clear, OMB requires approval if we go out to more than nine people with the same question. And so for ease of evaluation and collecting the data our team right now in different testings only test up to nine people and collect information from only nine people max.

Cathy Young: And some of our surveys have them, we did a healthcare provider survey and we did 80 but we had to get OMB approval to do that.

(Allison Romano): Thank you.

Coordinator: As a reminder, if you wish to ask a question, please press Star 1 and record your name clearly. Currently there are no further questions in the queue.

(David Williamson): Okay, we're going to wait for a couple of minutes, make sure that people have ample opportunity while we have expertise on the phone and different folks from different locations on the phone. If you have questions, or even comments we would certainly appreciate those.

Coordinator: Please stand by. The next question comes from (Amy Nance), your line is open.

(Amy Nance): Hi, one other question. On the collaboration and space and the communication resource center, you had mentioned that there were - you had to sign into that, there was a login. Is that something that could be (re-sent out) to the group or is there a way to get that login?

Cathy Young: Yes, can you all send that back out to them?

Jade Anderson: Yes, who is this speaking again?

(Amy Nance): This is (Amy Nance) from Utah.

Jade Anderson: Okay, I will get that back out to you.

(Amy Nance): Thank you.

Coordinator: The next question comes from Emi Chutarro, your line is open.

Emi Chutarro: Thank you again, sorry. This is more of a follow up to my first question previously about message testing in the Pacific Island jurisdiction. One of our challenges has been in working with not just with pregnant women but also with their partners; the issue of the sexual transmission of Zika. Our culture-most of the difficulties really are more cultural and there's been HIV, (STI) prevention, the significant resistance from both the traditional and church leaders in the islands to spread the message out in a very comprehensive way. And so a lot of the messaging particularly on the sexual transmission of Zika has been very sort of focused to smaller groups of individuals and sort of limited promotion sort of on a more sort of community (mass) population scale.

I was just wondering if there's any sort of target suggestions or recommendations and how to promote the message on sexual transmission Zika to populations where you have these very extensive resistance in the community?

Cathy Young: Yes, I think it's difficult culturally in multiple areas and you know, I mean, my opinion as far as the federal government it is way more difficult for us to reach out to that small of an audience and that's hopefully where you guys come in. So I do think it's difficult. We have had some - we had a webinar with - I can't think of the word of it, gosh my brain - just completely lost my train of thought. It was a health ministers webinar and I think that was really helpful in getting the message out to those types of people who could then give the information to their community in a way that they saw fit and we also have a health ministers guide published. I believe it's on the HHS website so those are possible resources for, you know, figuring out how to communicate to your audience.

(David Williamson): Hi (Emi), this is (David). I certainly don't have a lot of experience out there in the Pac Islands but I have dealt with Native American communities and we face that same challenge and a lot of times what we do, and it sounds like you all are already doing this, but I would just reemphasize how important your community and lay leaders are as well as your religious leaders in order to try to build up a trust relationship and to open up the lines of communication. I think, and I've heard it from many different people much more qualified than me, that those are among the most effective communication avenues that they've been able to utilize over the years with - in difficult situations such as what you're describing.

Emi Chutaro: Yes, exactly and that's exactly what we're doing. We're really working with some - well, champions really, you know, identifying some champions in the

community among the traditional leaders in the church groups to be able to help sort of pave the way along with the community groups. I was just wondering whether there was other experiences or approaches or sort of processes that in other populations that have experienced the same challenges whether there is resources available just to kind of read through that so that we can just cross-compare with what we're doing in our island communities just to see if we're going in the right direction or whether there's other new suggestions that we hadn't thought of.

Cathy Young: I think what was described is the best practices and how, you know, in this outbreak and other outbreaks that we've best gotten the message out there.

Emi Chutaro: Thank you.

Coordinator: The next question comes from (Michael Acoba), your line is open.

Woman 5: ...the link that goes to the resources, could you send that out to actually more than just (Amy) in Utah? We don't seem to have it either.

Jade Anderson: Yes, so the link that is - it's going to go out to everyone from the preparedness box so be on the lookout for that and I'll send it after the webinar has concluded.

Woman 5: Perfect, we appreciate that, thank you.

Jade Anderson: You're welcome.

Coordinator: Currently there are no questions in the queue, please stand by.

(David Williamson): Again, we'll stand by for just a minute or so to make sure that we have ample opportunity for all of our participants to tap into the resources that are available on the phone now. Thank you.

Coordinator: We do have one more question on the phone. That question comes from (Leroy Harris), your line is open.

(Leroy Harris): Thank you very much, this is (Leroy Harris), from American Samoa, just to follow up on (Emi)'s question is that concerning the information that we put out to focus around the pregnant women and babies and the like but the questions that I've gotten over here in the American Samoa is about general information on sexually transmitted when it comes to the mail, there's very little information given out specific targeting mails and I was just wondering where you was on that on the national level with that?

Cathy Young: Yes, I believe - I'm asking my colleague here, I'm pretty sure we did sexual transmission targeted towards men.

Woman 6: We do have a couple of fact sheets online that are targeted towards men.

Cathy Young: It would be under the print resources button under communication resources page. But we have received this feedback before and so we did specifically create a fact sheet for men.

(Leroy Harris): Okay, thank you very much. I'll locate it and get it.

Cathy Young: Okay.

(David Williamson): Hi (Leroy), (David) here. I would suggest if you take a look at that fact sheet and it doesn't come to the types of questions that you're getting there, go

ahead and email those questions to us and Cathy and her group and however we can help we'll try to get some responses and guidance back to you.

Cathy Young: One other thing I wanted to mention, we have also - when we did the topic of the week we did focus on men and sexual transmission one week and we will probably do that again. We send out - we send out emergency partners' newsletter, right? Yes, so and I don't have the email for you all to sign up but I can get it to these folks so they can get it to you but if you're not signed up for it, sign up for it, because it will have resources like that we do so basically each week we are focusing on one topic on social media and as I said, we'll probably do men again.

(David Williamson): Is that self-evident how to sign up for that resource?

Cathy Young: It's just - you just email a group so I can send you all the email.

(David Williamson): That would be great, thanks Cathy.

Coordinator: There are no further questions in the queue at this time.

(David Williamson): Okay, well this has certainly been helpful and Cathy I can't tell you how much we appreciate your expertise and taking the time to participate and lead this discussion, we thank you very much. We obviously thank all of our participants today without you, this would not be an effective presentation so thank you for your time. Please remember that the webinar slides, transcript, audio recordings, they'll all be posted on the Zika webpage on a rolling basis the subsequent week of each scheduled webinar. This is a great resource, a great tool if you're not able to attend every session then you can at least go back to the webpage and pick that information up. That link to the Zika webpage will be provided to the folks on the phone here to our awardees also

in the Division of State and Local Readiness Friday Update and it will also be provided to our partners from our State Coordination Task Force partner share functional mailbox. So the audio, transcripts, and slides will be available on a rolling basis. The ones from March 1 from that overview webinar are already available on our Zika webpage right now. So I would suggest that you have - if you have an opportunity or questions that that might be helpful to you.

So, in closing, thank you for participating in today's webinar to increase our outreach efforts we would encourage you each to forward the emails and any information about these Webinars to additional parties, anybody that you think should attend or should have this information. For additional questions please send them to our email address at Preparedness@CDC.gov. We hope that you and your organization will participate as deemed important in our future webinars and we hope that you have a great evening; thank you again.

Coordinator: That concludes today's conference, thank you for your participation, you may disconnect at this time. Speakers please standby for your post conference.

END