In order to meet state, local, and territorial health department goals for the Zika response, clear, consistent, and frequent communication ensures that people receive and understand information that can help them make decisions. Communication with the public will support behaviors to prevent the spread of Zika and protect pregnant women and their pregnancies.

This planning guide provides states with resources to develop adapted communication strategies for their state including:

- Information on the purpose and use of CDC’s key messages and how to get updates.
- Communication outreach products including fact sheets, infographics, posters, videos, and CDC's Digital Press Kit.
- Clinical communications products including the clinical guidance, Health Alert Network, MMWRs, and Clinician Outreach and Communication Activity (COCA) deliverables.
- CDC’s website and microsite, which brings content to your website and updates it automatically.

Communication activities for states and local jurisdictions to consider when making their own Zika Action Plans are outlined in the Zika Virus Risk-Based Preparedness and Response Guidance for States, and include the following Phased Response elements:

**Preparation (vector present or possible)**
- Prepare a communication campaign for pregnant women, travelers, healthcare providers, and the public to raise awareness of Zika virus. Include messaging on the risk for sexual transmission, and steps persons can take to prevent it.
- Update scripts for state call centers to include Zika messaging.

**Mosquito Season**
- Initiate a communications campaign, with primary messaging focusing on awareness, personal protection against mosquitoes, and residential source reduction.
- Deploy messages encouraging travelers returning from to areas with Zika transmission to take precautions upon return (actively take steps to prevent mosquito bites for at least three weeks) to reduce the risk of spread to local mosquito populations.

**First Confirmed Local Transmission**
- As appropriate, issue press release/media statement and intensify visible activities in the county to increase attention to Zika virus transmission risk and personal protection measures (flyers, community leaders, and social media).
- Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and make adjustments to communications as needed.

**Widespread Local Transmission**
- Intensify countywide (or jurisdiction-wide) outreach (newspaper, radio, social media, call centers).
Communications Objectives

In preparing and responding to the Zika virus outbreak, state communication plans will be specific to the situation and be created by the state and local jurisdictions, with a goal of protecting residents from Zika virus infection. Internally, strategic communication plans will increase speed and accuracy of the response, ensure adequate reporting, keep leaders and decision makers informed, and prevent duplication of efforts. Externally, communication plans keep messaging and updates synchronized.

Communication Goals

- Using multiple communication channels (radio, print newspaper, television, social media, flyers, billboards, town hall meetings, door to door messaging, etc), clearly communicate key messages about risk, prevention, diagnosis, and Zika virus disease management to at-risk populations, including the geographic areas of risk. Messages should be tailored toward the public, travelers, ex-pats, clinicians, and public health partners.
- Increase awareness about how to properly follow primary prevention methods for preventing mosquito bites.
- Educate pregnant women about how to prevent Zika and what to do if they think they have Zika. Educate women of child-bearing age so they are informed about the risk Zika virus presents to them if they become pregnant.
- Maintain credibility and public trust by regularly providing timely, accurate, accessible, consistent, and comprehensive information about what is known and what is unknown.
- Avoid speculation and conjecture. Dispel rumors, misinformation, and misperceptions as quickly as possible. Address concerns and fears of pregnant women and their families.
- Identify, train and use the most credible spokespersons. (Example: use doctors and scientists for health messages, use public officials for policy decisions).
- Apply emergency risk communication principles to all public messaging. Use plain and clear language.
- Meet demands of 24-hour news cycles through an aggressive and proactive information dissemination strategy, including social media.
- Coordinate communication with partners across all levels of local, state, and federal government, as well as with healthcare and industry partners.

Framework and Key Messages

Risk Communication Frame

Acknowledge what we know, what we do not know, and what steps are being taken to close the gap. Acknowledge loss, change, hardship, and human impact of the epidemic. Emphasize anticipatory guidance, self-efficacy, and process information. Include risk communication in local- and community-level activities and interactions.

CDC’s Key Messages

CDC’s Key Messages serve as an updated source document for all messaging surrounding the Zika virus outbreak. The messages are informed and reviewed weekly by CDC subject matter experts in epidemiology, birth defects and reproductive health, traveler’s health, policy, clinical care, laboratory testing, and risk communication. All communication products, activities, talking points, media, and social media content is guided by these messages. States should use this as a guide for their communication activities to ensure all messaging is accurate, up to date, and aligned. To receive the key messages, sign up for the Emergency Partners Newsletter by emailing EmergencyPartners@cdc.gov.
Five Top Messages

- Zika infection during pregnancy is linked to birth defects. Pregnant women should delay travel to areas with Zika.
- Zika is primarily spread through the bite of an infected Aedes species mosquito.
- The best way to prevent Zika is to prevent mosquito bites.
- Most people infected with Zika don’t even know they have it. People usually don’t get sick enough to go to the hospital, and they very rarely die of Zika.
- See a healthcare provider if you develop a fever, rash, joint pain, or red eyes during a trip or within 2 weeks after traveling to a place with Zika, or if you have had sexual contact with someone who has traveled.

Appendix and Useful Materials

Stay up-to-date on Zika by frequently visiting CDC’s Zika website. Encourage local clinicians to engage in the Clinical Outreach and Communication Activity (COCA) program which includes calls, webinars, and updates. Sign up to receive updates from

- Health Alert Network
- Epi-X
- CDC’s Emergency Partners Newsletter
- GovD

Internet

Update state response websites frequently with Zika information for all audiences. One option to consider is embedding CDC’s Zika virus website into your website by using the CDC’s microsite. The microsite can supplement your website with up-to-date, evidence-based content. The microsite automatically updates on your website sites in real time as CDC updates its Zika webpages.

Use accurate public health images from CDC’s Public Health Image Library.

Social Media

Use Facebook and Twitter to create more personalized communication at the state and local level. Respond to social media inquiries in a timely fashion. Use the CDC key messages to develop a bank of social media that you can send out on a regular basis.

Media Outreach

Provide regular, proactive media updates that address the spread of Zika virus. Develop and provide programming or public service announcements on prevention. In states that may have local transmission, prepare a press statement.

Community Outreach

As feasible, meet with community leaders, town and municipal leaders, and representatives of specific groups to understand and respond to various communication needs and challenges and to modify behavior change messaging. Conduct public forums and community meetings to answer questions and provide guidance during local transmission. Connect with the community through fact sheets, videos, posters, and infographics.
Currently developed products and available from CDC in English and Spanish and address:

- Recommendations for pregnant women in the continental US
- Recommendations for pregnant women living in endemic areas
- Information on microcephaly
- Information on sexual transmission of Zika
- Mosquito bite prevention
- Recommendations for travelers

Clinic Outreach

Encourage clinicians to join CDC’s Clinician Outreach and Communication Activity, Health Alert Network, and Epi-X. Disseminate Zika clinical guidance documents and MMWR reports to clinicians through emails, web updates, and webinar. Disseminate information on laboratory testing and Zika surveillance to all healthcare providers.

Advertising

Monitor information needs and adapt billboard, radio, and point-of-contact advertising (e.g., posters in gathering places) to keep messages up-to-date. Promote existing public service announcements and other relevant promotional materials from state and local governments, healthcare workers, and others who serve as trusted messengers.

Reports

Provide brief but regular reports to primary audiences that document actions and progress since last report. Include a section for cumulative information that may be shown in graphs, charts, or illustrations.

CDC Communication Products

CDC has developed a variety of communications products and resources to meet the communication objectives of the Zika response. These products can be used to augment state, local, and territorial communication objectives. Materials were developed based using CDC’s Key Messages and apply the principles of risk communications to the Zika outbreak response.

Communicating during any disease outbreak or public health emergency comes with its own communication challenges. Special considerations for communicating during the Zika outbreak include

1. **Acknowledging what we know, what we don’t know, and what we are doing to find out more to protect the public.**

Many of the products in this appendix include the titles, “What we know and what we don’t know.” Providing scientific facts and also acknowledging gaps in the science and data ensures that we are giving all of the information available and leaves less room for rumors and speculation.

While outbreaks of Zika virus have occurred in the past, there is new evidence of more serious risks to certain populations. Many questions remain about Zika and pregnancy, GBS, sexual transmission and blood safety. All of these areas are being researched. Participating in surveillance systems will help in these efforts.
2. Most people do not have symptoms

This makes it more challenging since people who are infected may be less likely to take steps to prevent spreading Zika. CDC currently recommends that all travelers returning to the US from areas with Zika take steps to prevent mosquito bites for 3 weeks. This will becomes even more challenging if areas of the US become affected with Zika and these recommendations apply to local travel.

3. Preparing for local transmission in the US

We know that the Aedes species of mosquito can live in parts of the US. These states can prepare by spreading mosquito prevention messages now. Using the media templates in this addendum, plan for the first case in your state. Getting information out quickly will be critical.

4. Susceptibility to travel related cases and sexual transmission

All states in the US are susceptible to have cases of Zika in people infected during travel or through sexual transmission from a partner infected with Zika.

These challenges should be considered throughout the development and dissemination of communication materials in this response. CDC will update products and key messages as the response evolves. Check back frequently at: http://www.cdc.gov/zika/public-health-partners/index.html.

Communications Products and Resources List:

**Print Resources:**
Need-to-know information about Zika for a variety of audiences. All documents are designed for print and web use.

**Infographics:**
Visual overviews of the most important information about Zika.

**Videos**
Videos on Zika for clinicians, the media, and the public.

**Guidance Documents**
MMWRs provide the latest research findings, case reports, and clinical guidance related to the current Zika virus outbreak.

**Zika Prevention Kits**
Handouts provided with CDC’s Zika Prevention Kits for pregnant women and information for building your own kit.

**Zika Communication Toolkits**
Toolkits with tailored communication materials for various groups to use when preparing for local transmission of Zika virus in the United States.

**Photo Resources**
CDC’s Public Health Image Library. CDC welcomes public health professionals, the media, laboratory scientists, educators, students, and the public to use these images.

**Zika Update Podcasts**
Recurring podcasts designed to highlight different topics related to Zika.
**Digital Press Kit**
Spokesperson biographies, news releases, and other relevant information for members of the media.

**Health Alert Network (HAN)**
CDC’s primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories.

**Clinician Outreach and Communication Activity (COCA)**
Provides timely, accurate, and credible information to clinicians related to emergency preparedness and response and emerging public health threats.

**Travelers’ Health**
CDC’s Travelers’ Health website provides updated information on travel notices and travel advice.

**Zika Microsite**
A collection of real time Zika virus information for distribution or addition to a website.

**Zika Key Messages**
A collection of the most up to date and cleared information on the ongoing Zika virus outbreak.
NEWS MEDIA STATEMENT FOR FIRST TRAVEL-RELATED CASE IN STATE OR COUNTY

Zika Virus Confirmed in (State or County)

Laboratory results confirm first travel-associated case of Zika in (state or county); authorities say no mosquitoes with Zika found in area.

(City, ST) – The (Agency Name) received test results confirming the first case of travel-associated Zika virus infection (Zika) in (state or county). The infected person recently returned from traveling to (name of area where Zika is spreading) where mosquitoes are spreading Zika. Officials with (Agency) have not found evidence of Zika-infected mosquitoes in the local area at this time.

Many people infected with Zika virus won’t have symptoms or will only have mild symptoms. Common symptoms are fever, rash, joint pain, and conjunctivitis (red eyes).

However, Zika virus can be spread from a pregnant woman to her fetus and has been linked to microcephaly and other birth defects in babies of mothers who had Zika virus while pregnant.

(Agency) and CDC recommend that pregnant women not travel to areas where Zika virus is spreading. CDC maintains a list and map of the affected countries. Zika also can be spread during sex by a man infected with Zika to his male or female partners. Anyone concerned about getting Zika from sex can use condoms the right way every time they have vaginal, anal, or oral (mouth-to-penis) sex or not have sex.

Zika is only one of several diseases that can be spread by mosquitoes. Reducing the number of places where mosquitoes lay eggs—containers of standing water—can lower the risk of exposure. (Agency) and CDC suggest people take these steps to protect themselves from mosquito bites: [PIO should look on www.cdc.gov/zika for latest guidance to help prevent Zika]

For additional information about Zika, visit http://www.cdc.gov/zika or (Agency website).

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Zika Virus from Mosquitoes Confirmed in (State or County)

Laboratory results confirm first case of Zika virus infection from local mosquito-borne transmission.

(City, ST) – The (state/county name) received laboratory test results confirming the first locally transmitted case of Zika virus today in (state or county). The person infected reports no history of travel to an area with confirmed active Zika virus transmission and no possible exposure through sexual transmission (sex with a person infected with Zika). This is the first case of Zika virus infection spread locally by mosquitoes in [state or if US]. The (Agency) is working closely with the Centers for Disease Control and Prevention (CDC) to investigate this situation further and is taking steps to control the mosquito population and prevent further spread of Zika in the area.

Local transmission means that mosquitoes in the area have been infected with Zika virus and can spread it to people. CDC is not able to predict how much Zika virus will spread in the United States. Many parts of the country have the type of mosquito that can become infected with and spread Zika virus, so it important to take steps to prevent mosquito bites and the spread of Zika. (Agency) and the CDC suggest people take these steps to protect themselves from mosquito bites: (PIO should look on www.cdc.gov/zika for latest guidance to help prevent Zika).

(State/Agency) is also taking these steps to protect communities: [insert latest steps].
Many people infected with Zika virus won’t have symptoms or will only have mild symptoms. The most common symptoms of Zika are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting for several days to a week.

However it has been linked to serious birth defects in babies born from women who were infected with Zika during pregnancy. Zika is spread to people primarily through the bite of infected Aedes aegypti and Aedes albopictus mosquitoes. Zika can also be sexually transmitted by a person infected with Zika to his male or female partner.

For additional information about Zika, visit http://www.cdc.gov/zika or (Agency website).

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The CDC has Crisis and Emergency Risk Communication (CERC) templates and tools that can be adapted and used for an emergency response. Tools include:

- First 48 Hours Checklist
- Sample Message Planning
- Staffing Planning Worksheet
- Special Populations Assessment

For more information regarding CERC tools, visit http://emergency.cdc.gov/cerc/resources/templates-tools.asp.

CERC has online courses and both online and print materials. CERC materials include the full 2014 CERC manual, wallet cards, Z-cards, and the CERC Quick Guide. Online courses and materials can be found at http://emergency.cdc.gov/cerc/resources/index.asp.

**How to Order Hard Copies of CERC Materials**

1) Go to http://emergency.cdc.gov/cerc/resources/index.asp.
2) Select the “Order Request Form,” which is located above the “CERC Basic Materials” tab.
3) Fill out the required information for the Order Request Form and click “Submit.”
   - A representative from the CERC Program will contact you with your confirmation.

**How to Register for a CERC Online Course**

1) Go to http://emergency.cdc.gov/cerc/training/index.asp.
2) Choose between the “CERC Training” or “CERC Pandemic Influenza Training” and click “Objectives.”
3) Click on the module and begin the course.

To learn more about CERC and available online resources, visit http://emergency.cdc.gov/cerc.
The Six Principles of CERC

Be First: If the information is yours to provide by organizational authority—do so as soon as possible. If you can’t—then explain why you can’t (e.g., it’s classified)--or the process you are using to get needed information to those involved.

Be Right: Give facts in increments. Tell people what you know when you know it, tell them what you don’t know, and tell them if you will know relevant information later.

Be Credible: Tell the truth. Do not withhold to avoid embarrassment or the possible “panic” that seldom happens. Uncertainty is worse than not knowing—rumors are more damaging than hard truths.

Express Empathy: Acknowledge in words what people are feeling—it builds trust. “We understand this is worrisome.”

Promote Action: Give people things to do. It calms anxiety and helps restore order.

Show Respect: Treat people the way you want to be treated—the way you want your loved ones treated—always—even when hard decisions must be communicated.

For more information or to request CERC materials, please contact CDC’s Barbara Reynolds, Ph.D. at CERCrequest@cdc.gov
Zika Risk Communication: Leaders Do and Don’t

**Do express empathy.** Empathy, the ability to take another’s perspective, allows the leader to take an active role in supporting, consoling, and persuading others to the benefit of everyone involved in the emergency. While many leaders may believe that societal norms forbid them from expressing empathy, in fact, leadership research suggests that relating to others is a key to moving others toward prosocial behaviors even if the actions involve sacrifice. “Like you, we are concerned about Zika mosquitoes arriving here.”

**Do raise self-efficacy beliefs.** Self-efficacy increases positive risk decisions and leaders can influence individual and group efficacy. Expressing faith in the competence of people can raise their self-efficacy as can directing them to take actions that the leader is certain most people can accomplish. “While some aspects of Zika are outside our control, there are things every one of us can do to help prevent Zika illness in our community. Tip and toss standing water. Even small amounts can be a breeding ground for mosquitoes.”

**Do value honesty and openness.** Without credibility a leader cannot lead. People will look for fairness and restraint in the use of power. Today, information technology makes withholding information dangerous and futile, and leaders will risk the trust others have in them. “We have to fight Zika together, which means we will share what we know when we know it.”

**Do collaborate.** Organizations will face crises, but they do not have to face them alone. With effective planning and networking, a leader will have the necessary responses outlined and the relationship networks needed to carry them out. “We know preparing to fight Zika is not ‘one size fits all.’ Your input matters.”

**Do understand media’s role.** People seek information from multiple sources and the media influence people directly. The value of information sources depends on their reliability in providing information useful to the person. Recognize that the media’s perspective “what does this mean to me?” is useful in crafting relevant messages during an emergency.

**Do not be invisible.** In an emergency, the leader should be accessible and should appear to share the risk. Do not wait for information to be final to begin to speak; instead, remind the public that the situation is fluid. A leader’s presence can be reassuring to followers. “Based on what we know now . . .” **Do not be paternalistic.** Empower people and express confidence in them. Be careful not to imply that “father knows best” and that the facts are too difficult for them to understand. When a decision is made, explain the basis for that decision. Give people choices if possible.