

Survey on the communication practices during a pandemic influenza crisis

Among members of the PCWP and HCPWG

Presented by: Ivana Silva Medical Information Sector



Background

- Agency lessons learnt exercise 2010-2011 presented at the PCWP/HCP WG joint meeting on 28 Feb 2012
 - ✓ Communication has been identified as a key area for improvement, both during preparedness and during a pandemic
 - ✓ Harness the experience of these groups to revise the pandemic communications strategy
- Comments received at the meeting supported the idea to collect additional input on aspects related with communication practices during a pandemic influenza crisis
- EMA survey carried out in April 2012
 - 13 answers received (out of 55 organisations) ≈ 24% response rate

During the 2009 H1N1 pandemic

- 61% were clear about the role of the Agency during the pandemic
 - Some respondents were not aware EMA was involved; thought all decisions had been made nationally (most communications came from national health ministries and had a more political basis than scientific)
 - (Prominent) role from EMA was not sufficiently visible

 62% were not aware that EMA website was the primary information source for the latest updated PI on centrally authorised pandemic vaccines and antivirals (some were aware but disseminating info on medicines was not within their remit)

During the 2009 H1N1 pandemic

- 69% did not use the EMA as a source of information, but for those who did,
 information was easy to obtain
- 31% used the EMA's website as a reference and found the information timely and useful; few used it to answer questions from their members
- 23% disseminated EMA information about pandemic vaccines or antivirals to their members

During the 2009 H1N1 pandemic

- 69% said there was no other information they would like to obtain from EMA
 - Examples of additional information respondents would have liked to obtain from EMA include: better links to national authorities; EMA's official position; information on the intake of antivirals as a preventive measure; likely effects and efficacy of vaccines for specific population groups (e.g. people with fibromyalgia); 'Flu-map' showing incidence (colour-coded)

 The fact EMA information was published in English did not pose a problem for 77% of the respondents, but some mentioned this had to be translated to other languages in order to be useful to their members

During the 2009 H1N1 pandemic

- Other sources of information
 - Ministry of Health websites; ECDC; WHO; European Commission
 - Internet communications of institutions specialised in the field (e.g. Robert-Koch-Institut)
 - Media (e.g. national newspapers, TV)
- 77% said EMA information was not contradictory to information from other sources
- 54% disseminated info from other sources.

In the event of another pandemic

- Responding organisations would like to be involved in the following EMA activities:
 - Review of safety communications (91%)
 - Review product information (64%)
 - Participation in SAGs on vaccines (55%)

In the event of another pandemic

- Suggestions to further support educating patients and HCPs on pandemic vaccines:
 - Increased communication with healthcare professionals in particular to avoid that the strategy will be viewed as coming "from above" (sensitivity is key given that behavioural change is needed)
 - EMA could constitute a panel of patients' associations for preliminary hearings about all communication materials
 - Consult PCWP and HCPWP
 - Reliable, evidence-based and clear info on previous vaccination outcomes (efficacy and safety; side effects)
 - Online videos that explain e.g. how and when vaccines are prepared
 - Local media networks may be very effective



Pandemic Communication Strategy

Proposed lines for action for improving communication with PCOS and HCPOs

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Now:

- Patients/consumers and healthcare professionals (general practitioners) are already core members
 in the SAG vaccines
- Use the list of validated contact points with all eligible patient and healthcare professional organisations for the purpose of rapid exchange in the event of a pandemic
 - Ensure proactive and early contact as necessary
- Identify, among the network of organisations, a core group with particular motivation and capacity (e.g. rapid response to urgent requests) to work closely with the Agency in preparedness activities and in the event of a pandemic
 - Revision of the Agency's pandemic communication plan

Preparedness activities:

- Work with the core group of PCOs and HCPOs to:
 - Promote better understanding of the Agency's role and responsibilities in a context of a pandemic
 - Place of EMA in the landscape of the different actors involved in the management of a pandemic
 - Evaluation of pandemic vaccines and antivirals
 - No involvement in vaccination policies in the Member States
 - Develop messages that explain in the most appropriate language
 - The rationale behind the regulatory decisions
 - Complex concepts such as 'mock-up' vaccines and 'rolling review'
 - Provide input in the development of general materials to support the above (e.g. brochure; template presentation)

<u>In the event of a pandemic:</u>

- Work with the core group of PCOs and HCPOs to:
 - **Design specific communications plans and materials** giving particular attention to information on the vaccines' **conditions of use and use in special populations** (e.g. children and pregnant women)
 - Advise on a case by case basis on communication issues, depending on the issue and time permitting
- If necessary, to be able to involve, on a case by case basis, patients and healthcare professionals in the review of product information (e.g. instructions for use dosing; stability once opened)

In the event of a pandemic:

- Mobilise the list of contact points to:
 - Promote awareness of EMA website as the only place where the most updated product information
 on centrally approved vaccines and antivirals can be found in all EU languages
 - Promote that the information (e.g. statutory information; safety communications) is used and disseminated within their organisations
 - Collect relevant feedback which may prevent and address concerns in the up take of vaccines or use
 of antivirals