

August 2005

Public Health Emergency
Preparedness:
*Crisis Communications Guide
and Checklist*



EMERGENCY PREPAREDNESS: CRISIS COMMUNICATIONS GUIDE

The purpose of this guide is to assist public health planners in the preparation for a public health emergency by equipping them with the knowledge and understanding of basic crisis communications components. The 2001 anthrax crisis is used to clarify these crisis communications components. This guide is divided into three sections:

Literature Review

The literature review critically analyzes publications, conference proceedings, guides and other emergency preparedness sources with an emphasis on crisis communications. The ultimate purpose of this review is to define effective crisis communications components and the extent to which public health agencies have incorporated and used these components.

Crisis Communications Quick Guide

The Crisis Communications Quick Guide is a one-page summary of the literature review and provides public health planners with a quick review of key crisis communications components.

Crisis Communications Checklist

The key crisis communications components in the Crisis Communications Quick Guide are transformed to a user-friendly version in the Checklist. This Checklist helps public health planners identify their communication goal and construct and deliver messages.

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LITERATURE REVIEW

Emergency preparedness efforts have increased exponentially since the 2001 anthrax crisis. It was the first time the Center for Disease Control (CDC) had to respond to outbreaks occurring nearly simultaneously in five geographic epicenters (Gursky, Ingelsby & O'Toole, 2001). The incident revealed gaps in the public health system's ability to communicate effectively to the public. Most importantly, the incident emphasized the need for public health agencies at local, state and Federal levels to collaborate and develop effective crisis communications procedures. Since the anthrax incident, several emergency preparedness guides have emerged to address this need.

Existing Emergency Preparedness/Crisis Communications Guides

In the absence of standardized guidelines, an organizations ability to respond to a crisis effectively is significantly inhibited. During the 2001 anthrax crisis, the CDC was forced to add contingent staff members to handle the large volume of inquiries arriving via phone, email and faxes at Federal, state and local public health agencies. Existing experts and trained personnel required to assist these contingent staff members found it difficult to do so with out a specific protocol or standardized guide (Prue, Lackey, Swenarski & Grant, 2003). The failure to anticipate questions and develop ready-made messages and materials for the public and media makes responding to the tremendous influx of inquiries a challenge. Several emergency preparedness guides have emerged since the 2001 anthrax crisis in an attempt to overcome this challenge. They include:

- Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors, *The Center for Disease Control*, March 2005
- *Incident Public Information and Crisis Communications*, Memorial Institute for the Prevention of Terrorism, December 2001
- Primer on Health Risk Communication Principles and Practices, *Agency for Toxic Substances and Disease Registry*, June 2001

(Please see Appendix A: Existing Emergency Preparedness/Communication Guides for more information on these guides).

Although this literature review includes information from all three guides, the most recently updated and published guide, the CDC's Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors, is reviewed in the next section.

CDC's Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors

In March of 2005, the CDC released its most updated public health emergency response guide. It is intended for use by state, local and tribal public health departments within the first 24 hours of an emergency. The guide assumes all plans, procedures and guidelines for risk communication have been developed prior to an emergency. The emergency response is divided into 4 phases:

1. **Acute Phase** (planning phase)

- Assign a health representative from each department to establish and maintain constant communication with CDC's Emergency Operations Center.
- Decide in advance which questions will be directed to external agencies and which will be handled internally.
- Select personnel to handle questions.
- Consider the diversity of your target. Communication must be available in all languages.

2. **Immediate Response Phase** (Hours 2-6)

- Continue risk communication activities.
- Update risk communication materials in all communication outlets (external, internal, direct)

3. **Intermediate Response Phase** (Hours 6-12)

- Continue risk communication activities.

4. **Extended Phase** (Hours 12-24)

- Continue risk communication activities.

Phase 3 and 4 are identical; in each, no details are provided as to what the risk communication activities should be. There is also no evidence of a clear communication goal. The guide in its entirety (besides these four phases), does not discuss communication activities (essential components of an effective emergency preparedness plan).

The Communication Goal

A clear, concise, and meaningful communication goal results in effective messaging. Prior to a health crisis, all responsible organizations at the local, state and Federal levels must collaborate to develop a communication goal and strive to make all other involved parties (media, public, and other governmental agencies) aware of the goal and how it impacts the message(s). CDC's primary communication goal during the 2001 anthrax incident might have been:

To save lives and reduce fear, panic and uncertainty

Despite the simplicity of this goal, it is a realistic foundation upon which messages can be constructed. Communication goals provide focus and direction for the development and dissemination of messages during a crisis. After the communication goal has been developed, the public (target audience) and their needs must be identified.

The Public (Target Audience)

A message is only effective if it meets the diverse needs of the public. High levels of illiteracy and the limited capacity of many public members to process complicated messages necessitate the use of simple language, graphics and other visual communication tactics. Non-English speakers as well as the visual and hearing impaired must also be considered during the crisis communication process. Select public health agencies have contracted certified public information officers with the capability to read and write in foreign languages, in an attempt to meet the needs of each audience member. Audience Research and Public Education Campaigns can be conducted to ensure the needs of the public are being met by the message(s):

Audience Research

Audience research in the planning phase of an emergency response eliminates the last minute struggle to conduct and integrate audience research into the communication response during a crisis (Prue, Lackey, Swenarski & Grant, 2003). Surveys, community meetings, and other forms of audience research enable the collection of input contributes to the development of messaging that meet the needs and wants of the public.

Public Education Campaigns

A public that is educated on the roles and goals of public health agencies and other organizations potentially involved in a public health crisis is going to be more responsive and understanding of messages during a crisis. Therefore, a primary responsibility of all public health agencies is to make the public aware of the steps public health agencies are taking to prepare for a crisis and what outlets the public should use to acquire instant, updated information before, during and after a crisis.

For example, a simple public education campaign might have eliminated the overwhelming public concern regarding gas masks during the 2001 anthrax crisis. Throughout the crisis, one of the most common questions was "Do I need a gas mask?" A public education campaign on effective anthrax preventative measures would have eliminated this recurring question by informing the public that gas masks do not prevent exposure to anthrax.

There are several cost-effective ways to execute public education campaigns. Pamphlets, cards and flyers can be distributed to the public in a timely manner and in several languages. Public or community meetings moderated by public health advocates provide the opportunity to inform and prepare the public as well as field questions and quell concerns.

The ultimate purpose of both audience research and public education campaigns is to create and disseminate messages that will achieve the communication goal.

The Message

During an emergency, public health agencies use messages to communicate with their target audience. The ultimate goal of these messages is to save lives by providing the public with all pertinent information. Therefore, careful attention must be given to the development of each message. Several basic principles can help public health planners in the construction of an effective message. According to the CDC's Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors, messages should adhere to the STARCC principle:

THE STARCC PRINCIPLE:

Simple: use plain language

Timely: disseminate within 3-6 hours of the emergency (Parsons, 2002). Regardless of tentative nature, provide information as soon as possible.

Accurate: double check with all sources

Relevant: eliminate superfluous information

Credible: express empathy

Consistent: use the same key message for all publics

In addition to the CDC's STARCC principle, the United Kingdom's Department of Health emphasizes the importance of several other principles in "Communicating about Risks in Public Health":

Active Communication

- Set your agenda and timing before the crisis occurs.

Openness

- Acknowledge the reality of the problem.
- If possible, do not restrict information.

Transparency

- Provide a rationale for your decisions and actions.

Consistency

- Keep messages consistent among all publics.

Context

- In addition to content, consider the context of the message.
- Take into account audience beliefs, earlier messages received and competing messages (Vanderford, 2003).
- Use analogies, examples and comparisons to clarify the message.

Encourage and Enable Self-responsibility

- Provide your publics with the information and advice necessary to take action.

The following example demonstrates the importance of placing as much emphasis on the *context* of the message as the *content*.

On October 15th, a letter containing anthrax was opened at Senator Tom Daschle's Capitol Hill office. Almost two weeks later, on October 27th, the CDC Emergency Operations Center received an urgent request to send a notice to DC public health officials that doxycycline was to be distributed to postal workers at risk for anthrax. Within a few hours, the message was composed and disseminated using the Health Alert Network (HAN), but the message contained a detrimental communication error.

A few days prior to the dissemination of the message, cipro was recommended (instead of the newly recommended doxycycline) for preventing anthrax and was administered to NBC executives and legislators in the Senate Hart Building. Only a brief rationale for the recommendation of doxy was provided on the HAN (that the medications are equally effective).

A study conducted by the American Journal of Public Health in March of 2005 on Brentwood Postal workers confirmed this problem. In addition to describing information within messages as confusing and contradictory, 40.5% of postal workers and 52.4% of senate members cited the *absence of information* within the messages as the biggest communication problem.

An effective message addresses the needs of the public by answering their questions and quelling their uncertainties. During the 2001 anthrax incident, the public wanted quick and thorough answers to the following questions:

Who is responsible?

What is anthrax?

Can it spread?

How can we prevent it?

Is the public health system equipped to deal with this?

Is America going to face more deadly bio-threats?

The National Memorial Institute for the Prevention of Terrorism's guide helps address public questions and concerns. It emphasizes that the immediate information requirements of the public will change throughout the course of the incident. According to the guide, the following information must be communicated at the onset of a health crisis:

Nature of Incident (and what else could happen):

- Disease involved and symptoms
- Affected areas
- Time frame of the attack
- Risk of contamination and how it can be prevented
- Fatality rate of the disease
- If the disease is curable or not
- Procedures for getting medication
- Time frames in which medication must be obtained for maximum effectiveness
- How to get medication if something is preventing you from getting it on your own
- How to get information about family and friends in any affected region

Exact Locations and Areas to Avoid

Areas that are contaminated

Areas that are not contaminated and are safe

Actions to be taken to Avoid Danger

Response Efforts

Updates on what is being done

What response efforts will achieve

Prioritize

The prioritization of this information is equally important as the information itself:

1. Address survival concerns first (how to get help, prevent exposure, etc.)
2. Second, provide a rationale as to why your public should follow the recommendation(s).
3. Finally, reassure your public: make it clear that the organization(s) responsible are responding to and handling the crisis effectively.

The Advocate(s)/Spokesperson(s)

The advocate(s)/spokesperson(s) should be selected and prepared prior to a crisis.

A single, authoritative spokesperson maintains public confidence (Wray, Kreuter, Jacobsen, Clements & Evans, 2004), therefore playing a critical role in communicating the message and establishing trust with members of the public. This person or group of people must be familiar with organizational policy, stay within the scope of responsibility and establish trust and transparency with the target audience in order to deliver crisis communication effectively. In selecting a spokesperson, the following general guidelines are helpful:

- **Must be an expert in his/her field**
Example: Although the CDC had selected several senior scientists as official spokespersons, one “anthrax expert” referred to anthrax as the “anthrax virus.” (Thomas, 2003). Communication errors like these must be avoided by informing medical experts of the communication goal and proper terminology. The terminology of all key messages must remain consistent throughout the entire emergency response.
- **Must understand basic communication principles and the communication goal.**
- **Must be available to speak with the public immediately after the initial announcement of the incident.**

Following message development is message dissemination. Careful attention and consideration must be paid to the selection of communication outlets.

Communication Outlets

Communication outlets used to disseminate messages include:

- ***External outlets: Television, Internet, Print, Radio***
- ***Internal outlets: Any vehicle that allows communication within and between government agencies or any organization responsible for communicating to the public (ex: CDC’s Health Alert Network-HAN).***
- ***Direct outlets: Any communication involving a direct government-to-public information exchange (ex: press releases on website).***

To increase the likelihood that each member of the public receives the message(s), all communication outlets should be utilized.

External Outlets: “The media is our ally, not our enemy” (mipt.org)

As frequent first responders to the scene of a crisis, the media is a vital player in the crisis communication process. In a study conducted by the American Journal of Public Health in March 2005, Brentwood Postal workers were asked

to comment on a variety of issues regarding the 2001 Anthrax attacks. When asked to name their primary source of information, an overwhelming majority (40.7%) cited the media. Further, the postal workers maintained favorable impressions of the media and believed it to be a better source of information than public health agencies. (Blanchard, Haywood, Stein, Tanielian, Stoto & Lurie, 2005). Effective use of and collaboration with the media is exemplified in the Giuliani Press Model.

Giuliani Press Model

The New York City Department of Health handled the 2001 anthrax crisis successfully by placing a high priority on communicating and collaborating with the press. They issued timely alerts and updates and held regular press briefings. Often referred to as the "Giuliani Press Model," this tactic of holding frequent media conferences increased the effectiveness of their messaging to the public.

In addition to twice-daily conferences, the following communication tactics were also utilized:

Broadcast faxes to inform hospitals

Rapid writing and disseminating of fact sheets

A well-stocked website

A 24/7 hotline

Official public health spokespeople communicating expert information to the press

(Mullin, 2003)

Internal Outlets

In any crisis situation, public health organizations must communicate with each other to ensure the accuracy, consistency and harmony of messages. CDC's Health Alert Network is an example of an internal communication outlet.

According to a CDC official, "the greatest challenge throughout the anthrax crisis was getting state and local jurisdictions to agree on recommendations, leading to a delay in the development and communication of vital information." Perhaps this was due in large part to the difficulty city and county health officials had in sharing and receiving information. Federal departments failed to efficiently relay information to officials directly concerned at the state or local level. Frequently, information was delayed at the state level, never making it to local jurisdictions. In addition, only 60% had the Internet access needed to receive HAN alerts.

Poor communication between and within the large number of involved organizations before, during and after a crisis makes it impossible to achieve

communications goals. The only way to inform the target audience, minimize their anxiety, and gain their trust is to provide them with consistent, citywide and regional recommendations and information. Having an efficient communication network in place prior to a crisis ensures the successful dissemination of information during a crisis.

Direct Outlets

In addition to external and internal outlets, agencies can communicate directly with their target audience through a variety of direct outlets. According to the Memorial Institute for the Prevention of Terrorism, agencies should upload press releases with updated information and other relevant materials twice-daily.

During the 2001 Anthrax crisis, many people visited or were directed to the CDC's primary direct outlet: their website. Unfortunately, only 3% were visiting the most updated bioterrorism page while 34% were going to an old anthrax fact sheet. Search engines provided people with outdated links. CDC's website couldn't handle the number of visitors to their website; it crashed and went offline twice during the anthrax response. The CDC responded quickly to the problem. They updated the website and contacted search engine hosts to correct inaccurate links. In addition, letters were sent to any newspapers or online sources that printed errors or included misinformation.

The Evaluation/After-action Assessment

The purpose of an evaluation or after-action assessment is to identify the successes and failures of the crisis communications response. This feedback enables public health agencies to address vital gaps and deficiencies and better prepare for the next crisis. Involving the public in this evaluative step will increase the likelihood that messages are taken seriously and recommendations are followed in the event of another crisis.

Conclusion

Emergency preparedness efforts will be enhanced by incorporating the key communication components of this literature review. Since the 2001 anthrax crisis, several public health organizations have realized the importance of effective crisis communications strategies.

In 2002, the CDC hired risk communication consultants and health communication experts to provide staff training and improve communication tactics. They have acknowledged the importance of the media by building a media facility for broadcasting televised press conferences and adding phone banks for handling questions (Harris, 2002).

Increased efforts in the realm of crisis communications are proving to be successful. In a 2004 study conducted by Trust for Americas Health on Emergency Preparedness, Maryland along with California, Florida and Tennessee scored highest. Maryland met 6 of the 10 following emergency preparedness indicators:

Funding Indicators:

1. State spending of federal funds
2. State public health budgets 2003-2004

Public Health “Back-to-Basics” Indicators:

3. State-local coordination
4. Workforce
5. Laboratories-Bioterrorism Capabilities
6. Laboratories workforce and testing capabilities
7. Tracking/Surveillance
8. Quarantine Authority

“All Hazards” Indicators:

9. Flu Vaccination Rates for Seniors
10. Pandemic Flu Plans

With the continuation of emergency communication preparedness efforts that anticipate, plan and rehearse, it is reasonable to expect that most if not all of the 10 indicators will be met before the next public health emergency.

CRISIS COMMUNICATIONS QUICK GUIDE

THE COMMUNICATION GOAL

A communication goal reflects an organization's mission. Using everyday language, the communication goal informs the public of the issue and how the organization is going to handle it.

Prior to a health crisis, all responsible organizations at the local, state and Federal levels must collaborate to develop a communication goal and strive to make all involved parties (media, public, and other governmental agencies) aware of this goal that is driving each message.

THE PUBLIC (Target Audience)

All members of the public should be able to receive and comprehend the message. Therefore, the communication goal, messages and outlets must address the diversity of the public. Use visual communication and graphics for the illiterate. Ensure multiple language availability for non-English speakers. Design messages and select outlets that reach the visual and hearing impaired.

THE MESSAGE(S)

Effective messages are part of a larger communication goal. The ultimate goal of each message is to save the lives of the public by enabling responsibility by providing them with the information and advice necessary to take action.

The messages must address: the nature of the incident, exact locations and areas to avoid, actions to be taken to avoid danger, and response efforts. In addition to being context-oriented, messages must follow the STARCC Principle:

SIMPLE

Use plain language

TIMELY

Regardless of tentative nature, provide information as soon as possible

ACCURATE

Double check with all sources

RELEVANT

Eliminate superfluous information

CREDIBLE

Express empathy

CONSISTENT

Use the same key messages for all publics

THE ADVOCATE(S)

It is best to have a single, trained advocate/spokesperson represent all involved organizations. If multiple spokespersons are needed, each should be

aware of the communication goal and work together from the same coordinated message (Smith, 2005).

COMMUNICATION OUTLETS

Exploit all communication outlets (external, internal and direct) to reach 100% of your public.

*Remember the Media-as-Ally principle: the media provide opportunities to communicate with key publics. Strive to meet their demands and provide them with consistent, updated information (Smith, 2005).

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APPENDIX A: EXISTING EMERGENCY PREPAREDNESS GUIDES

ORG. NAME	TITLE	CONTACT INFORMATION	DATE	WEBSITE/URL
CDC	Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors	Martin A. Kalis Phone: 770.488.4568	March, 2005	http://www.bt.cdc.gov/planning/pdf/cdcreponseguide.pdf
MIPT	Section II. Incident Public Information and Crisis Communications	None Provided	December, 2001	www.cbaci.org/pubs/reports/what_we_should_know/1_2.pdf
ATSDR	Primer on Health Risk Communication Principles and Practices	<u>Wilma Lopez</u> Email: wlopez@cdc.gov	June, 2001	www.atsdr.cdc.gov/HEC/primer.htm

Appendix B: Crisis Communication Checklist

STEP I. WHAT IS THE OVERARCHING COMMUNICATION GOAL? Emergency Preparedness Crisis Communication Checklist page 4
<hr/> <hr/> <hr/> <hr/>
IS THIS GOAL SMART? <input type="checkbox"/> SPECIFIC <input type="checkbox"/> MEASURABLE <input type="checkbox"/> ATTAINABLE <input type="checkbox"/> REALISTIC <input type="checkbox"/> TIMELY
STEP II. WHO IS YOUR PUBLIC (TARGET AUDIENCE)? EPCC pages 4-5
<hr/> <hr/> *CONSIDER SPECIAL POPULATIONS (elderly, disabled, hearing and visually impaired, etc.) AND MULTIPLE LANGUAGE REQUIREMENTS
STEP III. MESSAGE INFORMATION REQUIREMENTS EPCC pages 6-7
1. What is the disease/threat involved? <hr/> <hr/>
2. What is the crisis timeframe (when did it begin/what is the current status?) <hr/> <hr/> <hr/>
3. What are the affected areas? <hr/> <hr/> <hr/>
4. What areas are safe? <hr/> <hr/> <hr/>
5. What are the symptoms? <hr/> <hr/>

6. What are the contamination risks?

7. What is the fatality rate?

8. How is it prevented?

9. What is the disease curability?

10. What are the procedures for getting medication?

a. Phone # to call/Website Address

b. Location of Dispensing Site

c. How to get to Dispensing Site

d. What to bring

11. What is the public health agency's overall goal in this crisis?

12. What public health agencies are doing to handle the crisis?

**STEP IV. WHAT ARE THE MESSAGES AND WHEN WILL THEY BE
DISSEMINATED?**

MESSAGE #1
EPCC page 5-6

1. _____

DOES YOUR MESSAGE ACHIEVE THE COMMUNICATION GOAL? IF YES, HOW?

IS THIS MESSAGE STARCC?

- SIMPLE
- TIMELY
- ACCURATE
- RELEVANT
- CREDIBLE
- CONSISTENT

TIMING: WHEN WILL THE MESSAGE BE DISSEMINATED?

- ACUTE (pre-incident/planning)
- IMMEDIATE (hours 1-6)
- INTERMEDIATE(hours 6-12)
- EXTENDED (hours 12-24)
- OTHER

STEP V. WHO IS THE ADVOCATE/SPOKESPERSON?

EPCC page 7

NAME:

TITLE:

ADDRESS:

CONTACT INFORMATION

Phone: _____

Email: _____

STEP VI. COMMUNICATION OUTLETS

EPCC pages 8-9

MESSAGE #1

INTERNAL: _____

EXTERNAL: _____

RADIO: _____

TV: _____

INTERNET: _____ OTHER: _____

DIRECT: _____

MESSAGE #1

INTERNAL: _____

EXTERNAL: _____

RADIO: _____

TV: _____

INTERNET: _____ OTHER: _____

DIRECT: _____

Appendix B: Crisis Communication Checklist

Example Scenario: It has been confirmed that at 9:30 a.m., an aerosolized release of anthrax occurred in the NCR. Montgomery County (Silver Spring, MD) is the only affected area.

Health officials have determined that they expect to have 5-15% of the region needing or requesting prophylaxis.

STEP I. WHAT IS THE OVERARCHING COMMUNICATION GOAL? Emergency Preparedness Crisis Communication Checklist page 4
To guarantee the health and safety of each Montgomery County resident by providing the necessary information and treatments within the smallest timeframe.
IS THIS GOAL SMART? <input checked="" type="checkbox"/> SPECIFIC: says who, what, when, where and how Who: MC residents What: Health and Safety When: smallest timeframe/immediately How: provide treatments and information <input checked="" type="checkbox"/> MEASURABLE: 100% of MC residents must receive treatment <input checked="" type="checkbox"/> ATTAINABLE: Dependent upon county residents <input checked="" type="checkbox"/> REALISTIC: Dependent upon county residents <input checked="" type="checkbox"/> TIMELY: Dependent upon county residents
STEP II. WHO IS YOUR PUBLIC (TARGET AUDIENCE)? EPCC pages 4-5
Target: Montgomery County Residents *CONSIDER SPECIAL POPULATIONS (elderly, disabled, hearing and visually impaired, etc.) AND MULTIPLE LANGUAGE REQUIREMENTS
STEP III. MESSAGE INFORMATION REQUIREMENTS EPCC pages 6-7
13. What is the disease/threat involved? Aerosolized (Inhalational) Anthrax which is categorized as lungs (inhalation) anthrax. SEE CDC ANTHRAX FACT SHEET FOR MORE INFO (www.bt.cdc.gov/agent/anthrax/needtoknow.asp)
14. What is the crisis timeframe (when did it begin/what is the current status?) Estimated time frame of exposure: 9:30 a.m. Number of areas affected as of 5:00 p.m. (current time): One
15. What are the affected areas? City Place Post Office 1101 Colesville Road Silver Spring, MD 20902
16. What areas are safe? All other jurisdictions within MC have not reported any incidents of aerosolized anthrax and are therefore presumed safe at this point in time (5:00 p.m.)
17. What are the symptoms? First symptoms are like cold or flu symptoms and can include: <ul style="list-style-type: none">• Sore throat

- Mild fever
- Muscle aches

Later symptoms include:

- Cough
- Chest discomfort
- Shortness of breath
- Tiredness
- Muscle aches

(Caution: Do not assume that just because a person has cold or flu symptoms that they have inhalation anthrax.)

18. What are the contamination risks?

Aerosolized (Inhalational) Anthrax is not known to spread from one person to another.

5-15% of Silver Spring residents will need or request prophylaxis

19. What is the fatality rate?

15%

20. How is it prevented?

There is a vaccine to prevent anthrax, but it is not yet available for the general public. In the event of an attack using anthrax as a weapon, people exposed would get the vaccine. Early recognition of symptoms resulting in early treatment decreases chances of contracting anthrax.

21. What is the disease curability?

If medication is taken within 24 hours of exposure, the chances of survival are 95%. Treatment after infection: Antibiotics are used to treat all three types of anthrax. Treatment is usually a 60-day course of antibiotics. Success depends on the type of anthrax and how soon treatment begins.

22. What are the procedures for getting medication?

a. Phone # to call/Website Address

1-800 HOTLINE # and WEBSITE

b. Location of Dispensing Site

DVC Address

c. How to get to Dispensing Site

Walk. If you cannot walk, call 800 HOTLINE # to arrange for pick-up.

d. What to bring

Picture form of identification, medical history such as immunization records, current medications, allergies, age and weight of children, etc.

23. What is the public health agency's overall goal in this crisis?

See Comm. Goal.

24. What public health agencies are doing to handle the crisis?

A, B and C

STEP IV. WHAT ARE THE MESSAGES AND WHEN WILL THEY BE

DISSEMINATED?

MESSAGE #1
EPCC page 5-6

1. As of 9:30 this morning, 10 employees were diagnosed with aerosolized anthrax at the City Place Post Office at 1011 Colesville Road in downtown Silver Spring, MD.
2. Based on the information we have, this post office is the only area contaminated with aerosolized anthrax as of 5:00 p.m.

DOES YOUR MESSAGE ACHIEVE THE COMMUNICATION GOAL? IF YES, HOW? Yes, because we are providing necessary information.

IS THIS MESSAGE STARCC?

- SIMPLE
- TIMELY
- ACCURATE
- RELEVANT
- CREDIBLE
- CONSISTENT

TIMING: WHEN WILL THE MESSAGE BE DISSEMINATED?

- ACUTE (pre-incident/planning)
- IMMEDIATE (hours 1-6)
- INTERMEDIATE(hours 6-12)
- EXTENDED (hours 12-24)
- OTHER

STEP V. WHO IS THE ADVOCATE/SPOKESPERSON?

EPCC page 7

NAME:

TITLE:

ADDRESS:

CONTACT INFORMATION

Phone:

Email:

STEP VI. COMMUNICATION OUTLETS

EPCC pages 8-9

MESSAGE #1

INTERNAL:

EXTERNAL:

RADIO: _____

TV: _____

INTERNET: _____ OTHER: _____

DIRECT: _____

MESSAGE #1

INTERNAL:

EXTERNAL:

RADIO: _____

TV: _____

INTERNET: _____ OTHER: _____

DIRECT: _____



Montgomery County, Maryland

Press Release

Contact: Mary Anderson, 240-777-6530

For Immediate Release: July 15, 2005

Anthrax Discovered at Silver Spring Post Office

ROCKVILLE, Md.—Aerosolized Anthrax, also known as Inhalation Anthrax, was discovered at 9:30 a.m. this morning at the City Place Post Office, 1011 Colesville Road Silver Spring, Maryland. Ten (10) employees were diagnosed with aerosolized anthrax. As of 5 p.m. today, the City Place Post Office is the only area affected. The Montgomery County Department of Health and Human Services is taking action to ensure the safety of residents and postal employees.

“We have been monitoring the situation by working with Montgomery County Fire and Rescue, the Police Department and the State Health Department to make sure that all residents of Silver Spring and Montgomery County are safe” states County Health Officer Dr. Ulder Tillman. The ten (10) affected employees working in the Post Office were experiencing the following flu-like symptoms:

- sore throat
- mild fever
- muscle aches

Later symptoms of Inhalation Anthrax include cough, chest discomfort, shortness of breath, tiredness and muscle aches. Early recognition of symptoms resulting in early treatment decreases the chances of contracting Anthrax.

Inhalation Anthrax is non-communicable meaning it cannot spread from one person to another. However necessary precautions are taking place such as having select residents take medication and monitoring their health for Anthrax symptoms. No preventative vaccine is available for general use; only persons exposed can receive the vaccine. According to the Communicable Disease Center (CDC), if medication is taken within twenty-four hours of exposure the chances of survival are 45-90%. The antibiotics used to treat inhalational anthrax usually follow a sixty-day course.

The Montgomery County Department of Health and Human Services has developed a system for treating the community. Residents can call 1-800 HOTLINE and/or visit www.website.com for more information. The treatments are provided at dispensing sites which are listed on the website and hotline.

The best way to get to the site is to walk. If you are unable to walk, call the hotline to arrange a ride. Residents should bring a picture ID and medical history information. For more information specifically relating to Anthrax, fact sheets are accessible on the CDC's website at www.cdc.gov.

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