

**H1N1 Vaccination Program – Public Engagement
El Paso, TX
August 22, 2009**

Overview: Main concerns about the vaccine

The greatest concern voiced by the participants in El Paso was whether the level of communication and education provided during the vaccination campaign would be sufficient for people to make the best possible decisions on how best to prepare themselves for the H1N1 influenza. Whereas table discussion groups differed on whether the vaccination program should be “go slow” or “full throttle,” there was overwhelming agreement that accurate, reliable and properly timed information should be disseminated at “full throttle.”

Such information was cited as an antidote for an array of potential concerns, ranging from complacency about a mild influenza, to the risk of panic due to an irresponsible media, and to a waste of financial resources if the campaign is more intensive than is necessary to protect the population.

Moreover, communication and information was also seen as a way to address concerns about the quality, efficacy and availability of the H1N1 vaccine. A substantial number of table groups expressed concerns about the ingredients of the vaccine itself. A number of tables favored an approach that would recommend prevention, social distancing and other methods that might serve those who are unwilling to be vaccinated.

Where the El Paso participants favored a more aggressive approach, there were several key areas. In addition to the priority list already developed by the federal government, the community members favored measures that would be flexible, aimed at preventing deaths and hospitalizations, and with sufficient testing to build confidence in the vaccination program.

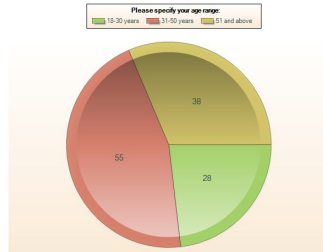
Some table groups favored a vaccination program that would reach as many people as possible through a “full throttle” campaign that would protect the most people.

As expected, border issues also were raised. El Paso is the smaller twin of the metropolis that includes Ciudad Juarez. Table groups said that the vaccination program should take into account that the two cities, although in separate countries, are integrated in many ways through families living on both sides of the border and the daily commuting of tens of thousands of workers in both directions. The group said the United States needs to establish clear border crossing procedures, rules for those in the United States illegally and especially reconcile policies between the United States and Mexico.

Participant Demographics

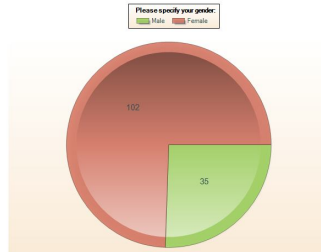
146 participants attended the H1N1 vaccine meeting in El Paso. Of those who chose to respond to questions about demographics, 24 percent were ages 18-30 years, 44 percent were ages 31-50 years, and 31 percent were 51 years and older. 73% of participants were female. 85 percent of participants identified as Hispanic or Latino, 10 percent as White, and one percent identified in each of the following categories Asian or Pacific Islander, Black or African American, or mixed race. The data are summarized in the graphs below.

AGE



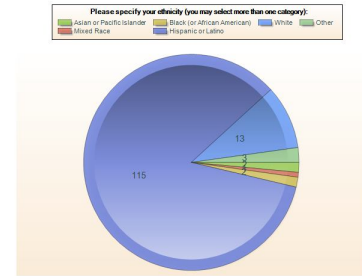
18-30: **30(24%)**
31-50: **55 (44%)**
51 and above: **38 (31%)**

GENDER



Male: **37 (27%)**
Female: **102 (73%)**

ETHNICITY



Asian or Pacific Islander: **2 (1%)**
Mixed Race: **1 (1%)**
Black or African American: **2 (1%)**
Hispanic or Latino: **13 (10%)**
White: **115 (85%)**
Other: **3 (2%)**

Post-Video Question and Answer Session

During the plenary question and answer session following the CDC video, participants asked questions about the similarities and differences between H1N1 and Spanish influenza, current statistics regarding cases and deaths from H1N1 locally and internationally, how the target groups were identified and whether/when seniors with underlying medical problems could get the vaccine, how many doses would be available, whether other countries are developing an H1N1 vaccine, vaccine safety risks and what is in the vaccine, non-vaccine prevention measures that can/will be taken, whether the vaccine can be made available more quickly, what testing is being done on the H1N1 vaccine and how it varies from the seasonal flu vaccine, and how special circumstances arising from El Paso's border area and bi-national context will be addressed.

Small Group Discussion

Each of the fourteen breakout groups discussed concerns about the vaccination program and pros and cons of the different approaches. Overall, facilitators reported a general desire for more information and education about the virus, the vaccine, vaccine safety issues, risks and benefits of vaccination, and alternative prevention measures. Cost of the vaccine and stress on human and financial resources were important to many groups, as were access and equity issues and issues specific to international border communities. The summary below highlights key themes emerging from facilitator-provided breakout group worksheets.

Small Group Discussion: What are your main concerns related to an H1N1 vaccination program?

Main concerns expressed during small group discussions are organized into the following themes

Information and Communication

- More information should be provided about alternative prevention methods other than vaccines.
- More information should be provided to at risk groups.
- More information should be provided to the public about the virus and vaccine.
- More information should be provided regarding school and hospital preparedness and emergency response.

- Avoid scare-tactics and media-induced panic.
- Language barriers should be considered in communications.
- Correct information should be provided.

Safety and Health

- Vaccine side effects may be dangerous; more information is needed.
- Resources and liability for treating secondary effects should be clarified.
- What are the benefits vs. the risks of the vaccine? A risk analysis is needed.

Resources and Cost

- Cost of administration of the vaccine may be a barrier, especially to the uninsured.
- Resource allocation (funding and staffing) to different problems must be considered, especially during these economic times.
- There should be additional investment and involvement from the private sector.

Availability, Equity and Prioritization

- Some thought that all should be eligible for the vaccine, including elderly and other non-target groups.
- Others thought the vaccine should be limited to target groups; e.g., children and schools should be the highest priority because they are the most at risk.
- Will there be enough vaccine available to all?
- Some thought that equal access should be provided regardless of social status, economic status, citizenship status, or language.
- Some thought that equal access should not be provided to illegal immigrants.
- Some were concerned that if the vaccine is not mandatory, those who do not get vaccinated increase the risk of spreading the disease to others.

International Issues

- Immigration and daily commuting between border cities must be considered in risk analysis and coordination efforts.
- The virus does not know a border; if efforts must be coordinated with Mexico.
- Will the vaccine be provided to illegal immigrants? (some participants thought that it should; others thought that it should not)
- Poor countries should be helped.

Uncertainty and Unknowns

- Is the vaccine really needed?
- How severe will the outbreak be?
- What information is being withheld?
- Will the virus mutate?
- Will the vaccine be effective?

Trust

- Some lack trust in government and the pharmaceutical industry to provide a safe vaccine and/or correct information.

Small Group Discussion: Pros and Cons of a Go-Slow Approach

Pros

- Allows time to collect more information about the vaccine and side effects.
- Avoids mass panic.
- Allows time to spread more information to the public, which will alleviate fear and demand for the vaccine.
- Is a better use of resources; promotes fiscal responsibility.

Cons

- May not provide enough information or motivation for the public to decide whether to get the vaccine.
- Creates a higher risk for spreading the virus.
- Underestimates the risk of the virus.
- Leaves us unprepared.
- Discriminates against non-target groups.
- It is too late for this approach.

Small Group Discussion: Pros and Cons of a Moderate Approach

Pros

- Appropriate because it is not known how effective the vaccine will be.
- Provides more information and raises public awareness.
- Increases vaccine access for those who want it.
- Provides better protection for high risk groups.
- Helps control the spread of vaccine.
- Is better than full throttle or going slow; mitigates the extremes.
- Resources are not wasted; better use of resources than full throttle.
- This approach seems to be what Mexico did in April and May and it seemed to work.
- Prepares us in case of an epidemic.
- Allows level of effort to be increased or decreased.

Cons

- Does not fully prepare us for a severe outbreak.
- Begins to “push” the vaccine rather than educate about other kinds of prevention.
- Does not achieve full coverage; coverage is too slow.
- Risk of incorrect or inconsistent information.
- Strains resources and infrastructure (funding and staffing).
- The general population should not be targeted.
- Overestimates risk of outbreak.
- Relies on government funding but not the private sector.

Small Group Discussion: Pros and Cons of a Full Throttle Approach

Pros

- Allows vaccination of more people more quickly in the face of an epidemic.
- Provides more information.
- Provides more coverage and access to the vaccine.
- Will make the population feel more secure.
- Will increase safety monitoring.
- Better to be safe than sorry.

Cons

- Will require federal, state, and local funding.
- May compromise other public services due to costs.
- There is uncertainty that the government is actually prepared for this level of effort.
- There is uncertainty that labs can produce enough vaccine.
- Can create panic.
- May result in information overload.
- Is too aggressive.
- May result in wasted resources; not cost-effective and will strain already overburdened resources.
- Will create political tension and mistrust.

- Overestimates the risk of the epidemic.
- Overemphasizes the vaccine above other prevention methods and minimizes side effects.
- Does not allow donation of vaccine to other countries.
- Does not allow enough time to test the vaccine.

Small Group Report-Outs

Facilitators from each of the fourteen breakout groups reported on their discussions, summarizing the data detailed above. Groups raised the following issues as being important in the deliberation of what approach to take in the vaccination program and in any program in general:

- Information and Communication
 - Public education about the virus and the vaccine, including potential vaccine side effects
 - Education within the school systems
 - Utilization of media outlets
 - Avoidance of public panic
 - Education about non-vaccine prevention strategies
- Safety and Health
 - Identification of vaccine safety risks
 - Thorough testing of the vaccine
 - Differences between Mexican and U.S. vaccines
- Availability, Equity, and Prioritization
 - Vaccine access for non-English speakers, and for those without citizenship
 - Affordability of the vaccine
 - Adequate supply to meet demand
 - Access for target groups first VERSUS
 - Access for anyone who wants the vaccine, including those not in target groups
 - Maintenance of a voluntary program
- International Issues
 - Coordination among border communities
 - Exposure risks due to daily migration over the border
 - Potential cultural and economic impacts for border communities
- Role of the private sector in the vaccination program
- Flexibility
 - Ability to ramp up or down depending on severity

Electronic Polling: Vaccination Program Preferences

The El Paso participants favored the moderate effort approach by a majority, with 59.09 percent of the participants selecting moderate effort. A go easy approach received the support of 23.48 percent of the participants. The full-throttle approach was supported by 17.42 percent of the participants.

I Prefer Option 1 – Go Easy	31	23.48%
I Prefer Option 2 – Moderate Effort	78	59.09%
I Prefer Option 3 – Full Throttle	23	17.42%
Totals	132	100%

Should the H1N1 outbreak prove to be less severe than anticipated, the moderate effort approach is still supported by a majority (54.62 percent). The go easy approach was supported by over one third of the participants, assuming a less severe outbreak. Under this scenario, the full-throttle approach received less support, or 6.15 percent of those responding.

I Prefer Option 1 – Go Easy	51	39.23%
I Prefer Option 2 – Moderate Effort	71	54.62%
I Prefer Option 3 – Full Throttle	8	6.15%
Totals	130	100%

Under the assumption of a more severe outbreak, a majority of participants (54.48 percent) favor the full throttle approach. Roughly a third of the participants continue to support a moderate level-of-effort under a more-severe assumption. Support for a go easy approach decreases to 10.45 percent of the group should there be a more severe outbreak.

I Prefer Option 1 – Go Easy	14	10.45%
I Prefer Option 2 – Moderate Effort	47	35.07%
I Prefer Option 3 – Full Throttle	73	54.48%
Totals	134	100%

In the first round of the polling exercise aimed at uncovering some of the primary reasons for preferring one level of effort over another, the El Paso meeting participants placed preventing the maximum number of deaths and hospitalizations caused by the novel H1N1 virus as their top reason with 34 percent of the votes. Other top-scoring reasons for program preferences included avoiding as many vaccine side effects as possible (17.50 percent), being as prepared as possible in advance of a pandemic (15 percent), and allowing more time for testing larger numbers of people with the novel H1N1 vaccine (14.17 percent). No other reason received double-digit support from the poll takers in the first round.

In the second round, preventing the maximum number of deaths and hospitalizations was again at the top of the poll, with 27.2 percent of the votes. Advanced preparation (18.4 percent) and avoiding side effects (16 percent) once again were chosen among the top three responses. Allowing for flexibility (10.4 percent) also received double-digit support.

In the third round, the percentage range narrows with a high of 15.45 and a low of 2.44%. Preventing the maximum number of deaths and hospitalizations continued to top the poll, with 15.45 percent of votes. Spending government resources for other needs, flexibility, advanced preparation, avoiding unduly alarming the public, and avoiding as many vaccine side effects as possible all received 11 to 14 percent of the votes.

Lack of trust in government sponsored programs and avoiding the costs associated with loss of life and hospitalization were at or near the bottom of the poll in all three rounds.

The table below lists the reasons for preferences in all three rounds.

2009 Vaccination Program Preference	Responses					
	First		Second		Third	
I want to avoid as many vaccine side effects as possible.	21	17.50%	20	16.00%	14	11.38%
I want to allow more time for testing larger numbers of people with the novel H1N1 vaccine	17	14.17%	11	8.80%	6	4.88%
I want to spend government resources for other more pressing public needs.	3	2.50%	6	4.80%	17	13.82%
I want to avoid unduly alarming the population.	6	5.00%	7	5.60%	15	12.20%
I lack trust in government sponsored programs	1	0.83%	3	2.40%	5	4.07%
I prefer an approach that includes some of the advantages of two approaches (full-throttle on some things, go-slow on others).	9	7.50%	7	5.60%	12	9.76%
I prefer an approach that allows some flexibility in response to changing characteristics of the epidemic.	10	8.33%	13	10.40%	17	13.82%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1 virus.	34	28.33%	34	27.20%	19	15.45%
I prefer to be as prepared as possible in advance of the epidemic.	18	15.00%	23	18.40%	15	12.20%
I want to avoid the costs associated with loss of life and with hospitalizations.	1	0.83%	1	0.80%	3	2.44%
Totals	120	100%	120	100%	120	100%

Working from a list of eight additional goals (including those elements that may not vary as level-of-effort varies), participants registered preferences for a first, second and third choice. In the first of three rounds of polling, exactly one-third of respondents identified as the most important goal “allowing more time for educating the population and raising awareness about the H1N1 virus.” This item received roughly one-quarter and one-tenth of votes in the second and third rounds of polling, respectively. Giving everyone an equal chance of being vaccinated regardless of age or risk status received roughly one-quarter to one-third of votes in each of the three voting rounds. Protecting the maximum number of persons from just getting sick from H1N1 in the first place consistently received 18 percent of votes in each round and was the second or third choice in each round. Protecting our citizens but also conserving vaccine for donation to other poor countries received ten to twelve percent of votes in each round. In each round, seven to eleven percent of respondents selected “none” as a way of registering opposition to the vaccination program.

The table below lists the additional program goal preferences in all three rounds.

2009 Vaccination Program Preference – other goals

	Responses					
	First		Second		Third	
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	24	18.60%	24	18.60%	23	18.11%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	32	24.81%	40	31.01%	35	27.56%
I want a vaccination program on a first come first served basis while supply is limited.	2	1.55%	4	3.10%	4	3.15%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	3	2.33%	4	3.10%	12	9.45%
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	13	10.08%	13	10.08%	16	12.60%
I want to accelerate vaccine availability before all testing is completed.	2	1.55%	0	0%	8	6.30%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	43	33.33%	32	24.81%	15	11.81%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	10	7.75%	12	9.30%	14	11.02%
Totals	129	100%	129	100%	127	100%

Preliminary Draft