

**H1N1 Vaccination Program Public Engagement  
Spokane WA  
August 29, 2009**

**MEETING SUMMARY**

**Overview**

The Spokane H1N1 public engagement meeting was characterized by a range of perspectives regarding confidence in the vaccination program, the vaccine's safety, and the ability of the government to properly communicate the risks and benefits in a timely and accurate fashion. The group of approximately 85 participants were reasonably diverse in age and interest. Present were significant blocs of health care professionals not affiliated with the state or local health departments, and individuals with deep distrust of the government, pharmaceutical companies and the media.

Through polling, the participants as a whole settled near the "intermediate" approach with a strong tilt toward the "go slow" approach. Where the groups favored a "full-throttle" approach, the interest was in getting ahead of the epidemic, rather than behind the curve and unable to catch up. Participants also favored a strong, accurate communication and education campaign.

The sentiments of a subset of participants expressing reservations about the government's interest in vaccination were difficult to quantify, but could be approximated in the table discussion summaries and, in part, questions in the electronic polling during which participants abstained from voting and/or chose an option indicating opposition to a vaccination program.

**Demographics**

**Total participants:** 86

**Age:**

18-30	10	12%
31-50	34	40%
51 and above	40	48%

**Gender:**

Male	28	34%
Female	55	66%

**Ethnicity:**

Asian or Pacific Islander	3	4%
Mixed Race	0	0%
Black (or African American)	2	2%
Hispanic or Latino	1	1%
White	72	89%
Other	3	4%

**Post-Video Question and Answer Session**

During the question and answer period following the Centers for Disease Control video presentation, participants raised questions about the ingredients that would be included in the vaccine, the processes for manufacturing the vaccine, and how it may negatively affect different people of varying ages and health conditions and regions of the world. Dr. Jay Butler, director of the H1N1 Task Force, responded to a number of questions posed by participants.

## Small Group Discussion

The table discussions began with participants expressing their concerns about the vaccination program that will be conducted. The participants also indicated their preferences among the three proposed approaches to the vaccination program, and listed pros and cons with each of the three approaches: Go Slow, Intermediate and Full-Throttle.

### Concerns about the vaccination program

#### Safety and Health

- Concern that the vaccine may not be safe because of adjuvant or other ingredients – thimerosal
- Concern that the vaccine may not be safe for some individuals.
- The vaccine may result in side effects.
- Who will document the vaccine and who has received the vaccine.
- Storage and distribution security
- Employers should encourage sick employees, and those with sick children, to stay at home
- Concern that the vaccine will be a greater threat than the H1N1.
- What if the virus shifts and makes the vaccine ineffective?
- What are the effects of the vaccine in future decades

#### Information and Communication

- Too much hype, not enough factual information.
- How to communicate to the groups that are at risk, and how to inform those who are not in a priority group, such as people over 65 years old.
- Will there be an overarching communication and public education plan?
- Providing timely and accurate information to those who need or desire the vaccine.
- How best to educate the 18 to 24 year old age group.
- Full throttle could result in panic.
- Social change is needed to get people to apply prevention – cleanliness, masks, stay at home.
- Accuracy and full disclosure and mode of communication to the public.
- Concern that only certain modes of communication will be used, and other new media will not be used.
- Incomplete information or disinformation regarding the need for the program.
- Concern that people will see vaccination as the only preventive measure and not use other options to strengthen immune system

#### Trust

- Allows vaccine manufacturers to profit and become too powerful.
- Lack of trust in the government.
- Why isn't there a "no vaccine" option offered?
- The vaccination program does not include recommendations for no-vaccination options to protect oneself.
- Reliance on rumors that the vaccine is not safe.

#### Resources and Cost

- Cost of vaccination could affect other services that have more value to society.
- Capacity to deliver the vaccine.
- Understanding the "hidden costs" of the vaccine program.
- Economic impact of pandemic could be significant.

Availability, Equity and Prioritization

- How will at-risk populations be reached if they are isolated?
- That people and children who don't have a health plan will be left out.
- Concern that people not in priority groups should be able to receive the vaccine.

International Issues

- It's not a real pandemic, that designation was forced on the U.S. by the World Health Organization.

Pros and Cons for each Approach

Benefits of the Approach	Disadvantages of the Approach
<p><b>Go Slow</b></p> <ul style="list-style-type: none"> <li>• Gives researchers time to test the vaccine thoroughly.</li> <li>• Gives authorities time to weigh the benefits and the adverse effects of the vaccine.</li> <li>• Allows the health agencies to focus on the high priority populations.</li> <li>• Allows more time to educate the population.</li> <li>• Follows the pace of the virus.</li> <li>• Preserves resources until needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Lacks emphasis and education might encourage apathy.</li> <li>• Potentially misses the boat – too late to respond adequately.</li> <li>• Potentially moves too slowly; the virus will outrun the schedule.</li> </ul>
<p><b>Intermediate Approach</b></p> <ul style="list-style-type: none"> <li>• Provides room for compromise between two extreme approaches.</li> <li>• Allows more sustainable approach.</li> <li>• Allows ramp-up or ramp-down</li> <li>• Allows us to react more quickly to provide access to the community.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Raises demand when there are reservation about this.</li> <li>• Is problematic for varying availability of local and state funds.</li> <li>• Starts to divert funds from other important government programs.</li> </ul>
<p><b>Full Throttle Approach</b></p> <ul style="list-style-type: none"> <li>• Allows vaccination of more people more quickly.</li> <li>• Achieves highest level of prevention through vaccination.</li> <li>• Helps stop any sudden increase in the disease, especially for targeted priority groups.</li> <li>• Gets more people involved.</li> <li>• Is better to be safe than sorry.</li> </ul>	<ul style="list-style-type: none"> <li>• May not be necessary.</li> <li>• Could easily create panic.</li> <li>• Potential shortages of vaccine to satisfy demand.</li> <li>• Lack of local and state resources to support the effort.</li> <li>• Creates more difficult logistics.</li> <li>• Creates danger of “crying wolf.”</li> <li>• More questions about the risk of the vaccine.</li> <li>• Does not result in increased vaccination.</li> <li>• Could waste resources with less severity or less demand.</li> </ul>

## Table Discussion Report-Outs

Following small group discussions, facilitators from each of the ten breakout groups summarized their conversations regarding concerns about the vaccination program and pros and cons for each of the three approaches. Overall, groups varied in their preferences.

One group unanimously favored the go-easy approach in order to provide more time to test the vaccine's safety.

- Concerns cited by this group included vaccine safety and the need for testing, the need for clarification of what medical conditions qualify those in the 25-64 age group, making prevention a priority, unknown costs for intermediate and full-throttle approaches, the need to adapt the level of effort based on location, and the loss of individual rights if a vaccine were mandated. Five of nine members thought they wouldn't get either vaccine, one said he would only get the seasonal flu vaccine, and three said they would get both.

One group favored the intermediate approach to provide flexibility.

- Concerns cited by this group included overhype of risks for pregnant women, whether criminal offenders are treated, lack of trust in government, how the vaccine is being tested, long-term effects of vaccines, costs and resources, and how information is being communicated.

Multiple groups favored "hybrid approaches."

- Three groups favored intermediate to go-easy approaches.
  - Main concerns cited by one group included safety, communication with target and non-target populations, including school-age children, economic impacts of lack of preparedness, funding limitations and the potential drain on other programs, and communication of preventative measures.
  - Main concerns cited by the second group, which was "dominated" by people in the medical field, include that the "go-easy" approach is misleading because it is still more than what is typically done for seasonal flu, communication to the "have-nots," need for multiple modes of communications (e.g., facebook, websites), barriers that prevent volunteers from playing a role, over-reliance on vaccines, and the need for other types of prevention.
  - The third group distrusted almost all aspects of the vaccination program and questioned the local health officer about a variety of topics, including definitions of epidemic and pandemic. The group was distrustful of the numbers of potentially affected people and felt the costs of a program were not justified, especially considering other health issues. The group favored a go-easy approach in general but an intermediate approach for safety and communications, including communications about other forms of prevention.
- One group favored a full-throttle approach for target populations a lower effort approach for other audiences. Main concerns cited by this group involved communication of accurate information, communication with special needs and elderly populations, adaptability, costs, and tracking.

One group favored the full-throttle approach in order to "get ahead of the curve."

- This group was "dominated" by healthcare providers and cited the following concerns: cost, too much profit for manufacturers trying to create a market, vaccination tends to diminish importance of other prevention, more effort may not result in more vaccination unless the issue becomes more severe, and too much media hype and not enough factual information.

Three groups did not reach consensus on one approach or a hybrid approach.

- One group concluded that no option is fully adequate. This group stressed the need for the best science available for safety, the need for information and educational programs for vaccination and other types of prevention, and the need to ensure that funding for any program doesn't affect other social service programs.
- One group had diverse opinions about program preferences, ranging from go easy to full throttle. The group cited concerns about how to handle the school systems and the need for the vaccine to be in schools, the amount of time it would take to "move" the program, media inaccuracy, and lack of information.
- One group had many participants that wanted a "no vaccine" option because they did not trust government or the producers of the vaccine and they were concerned about vaccine safety and felt that information about vaccine ingredients and their potential risks were not fairly disclosed. The group also cited concerns that CDC is not promoting other methods of prevention.

## Electronic Polling

### Program Preferences

Using electronic polling technology, participants stated preferences regarding the three vaccination programs. The Spokane participants favored the moderate effort approach by a plurality, with 47.95 percent of the participants selecting this option. A go-easy approach also received a high proportion of the votes, with 41.1 percent of the participants selecting this option. A full throttle approach was favored by only 10.96 percent of respondents. Notably, while as many as 81 respondents polled on other questions, only 73 chose to poll on this question. Roughly ten percent of participants abstained from registering a preference on a vaccination program level of effort; earlier discussions indicated that some participants wanted a fourth "no vaccination program" option and preferred not to vote on any option involving a vaccination program.

I Prefer Option 1 – Go Easy	30	41.10%
I Prefer Option 2 – Moderate Effort	35	47.95%
I Prefer Option 3 – Full Throttle	8	10.96%
Totals	73	100%

If the H1N1 outbreak proves to be less severe than anticipated, the go-easy approach is supported by a large majority, with 76.06 percent of respondents selecting the go-easy option under this scenario. The moderate level of effort was supported by 16.90 percent and the full throttle option was supported by 7.04 percent of respondents under the "less severe" scenario. As with the question above, a notable minority of participants chose not to respond to this question.

I Prefer Option 1 – Go Easy	54	76.06%
I Prefer Option 2 – Moderate Effort	12	16.90%
I Prefer Option 3 – Full Throttle	5	7.04%
Totals	71	100%

Under the assumption of a more severe outbreak, 44.44 percent of respondents preferred the moderate approach. The full throttle approach grew in preference to 36.11 percent of respondents while the go-easy approach decreased in preference to 19.44 percent favored. Once again roughly ten percent of participants chose not to vote on this question.

I Prefer Option 1 – Go Easy	14	19.44%
I Prefer Option 2 – Moderate Effort	32	44.44%
I Prefer Option 3 – Full Throttle	26	36.11%
Totals	72	100%

### Reasons for Program Preferences

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 Spokane meeting participants placed a flexible approach as their top choice, with 20.99 percent of the votes. Second and third choices included avoiding vaccine side effects and lack of trust in government (17.28 percent and 14.81 percent, respectively). Including advantages of the other to approaches was fourth with 13.58 percent of votes.

In the second round, flexibility remained at the top of the poll with 25.64 percent of votes. Preventing the maximum number of deaths and hospitalizations received 16.67 percent of the votes. Avoiding vaccine side effects and spending government resources for other needs rounded out the reasons receiving at least ten percent of votes, with 14.10 percent and 10.26 percent of votes, respectively.

In the third round, advanced preparation received the highest percentage of votes (19.23 percent). Flexibility and a lack of trust in government programs each received 14.10 percent of votes.

Avoiding the costs associated with the loss of life and hospitalizations and avoiding unduly alarming the population were at or near the bottom of the poll in all three rounds.

2009 Vaccination Program Preference	Responses					
		First		Second		Third
I want to avoid as many vaccine side effects as possible.	14	17.28%	11	14.10%	6	7.69%
I want to allow more time for testing larger numbers of people with the novel H1N1 vaccine	7	8.64%	3	3.85%	6	7.69%
I want to spend government resources for other more pressing public needs.	3	3.70%	8	10.26%	7	8.97%
I want to avoid unduly alarming the population.	3	3.70%	5	6.41%	5	6.41%
I lack trust in government sponsored programs	12	14.81%	6	7.69%	11	14.10%
I prefer an approach that includes some of the advantages of two approaches (full-throttle on some things, go-slow on others).	11	13.58%	4	5.13%	7	8.97%
I prefer an approach that allows some flexibility in response to changing characteristics of the epidemic.	17	20.99%	20	25.64%	11	14.10%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1 virus.	8	9.88%	13	16.67%	7	8.97%
I prefer to be as prepared as possible in advance of the epidemic.	5	6.17%	5	6.41%	15	19.23%
I want to avoid the costs associated with loss of life and with hospitalizations.	1	1.23%	3	3.85%	3	3.85%
Totals	81	100%	78	100%	78	100%

### Additional Program Goals

Participants also polled on additional vaccination program goals (including those elements that may not vary as level-of-effort varies). In the first round, 41.25 percent of respondents chose allowing more time for education as their first choice; 28.75 percent chose protecting the maximum number of persons from getting sick.

In the first round, twenty percent of respondents chose “none of these,” presumably indicating opposition to the vaccination program. “None of these” was the top choice in rounds two and three, with 26.25 and 32.05 percent of votes in these rounds, respectively. There is uncertainty in interpreting the increase in popularity of the “none of these” option throughout the rounds. It may be that those choosing “more time for education” in the first round were opposed to the vaccination program in general and thus chose “none of these” to register opposition in later rounds. However, selection of “none of these” may not indicate opposition to vaccination but rather disagreement with the additional program goals listed. In any case, it is noteworthy that the number of respondents selecting “none of these” for this question was two to three times higher than the number of participants choosing not to respond to questions about program preferences.

In rounds two and three, protecting the maximum number of persons from getting sick (23.75 percent, 10.25 percent, respectively), allowing more time for education (16.25 percent, 15.38 percent), protecting traditionally underserved subgroups (15.00 percent, 14.10 percent) and providing an equal chance of being vaccinated regardless of age or risk status (13.75 percent, 12.82 percent) were other high-scoring choices after “none of these.” Also in round three, conserving vaccine for poor countries received ten percent of the vote.

A first come, first serve program and accelerating vaccine availability before all testing is completed were at or near the bottom of the poll in each round.

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.	23	28.75%	19	23.75%	8	10.26%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	3	3.75%	11	13.75%	10	12.82%
I want a vaccination program on a first come first served basis while supply is limited.	0	0%	1	1.25%	4	5.13%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	3	3.75%	12	15.00%	11	14.10%
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	1	1.25%	3	3.75%	8	10.26%
I want to accelerate vaccine availability before all testing is completed.	1	1.25%	0	0%	0	0%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	33	41.25%	13	16.25%	12	15.38%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	16	20.00%	21	26.25%	25	32.05%
Totals	80	100%	80	100%	78	100%