

**H1N1 Vaccination Program: Public Engagement Meetings
Facilitator Worksheets for Small Group Discussion
Vincennes, IN
August 15, 2009**

Introduction

On August 15, 2009, sixty-four members of the public met in Vincennes, IN to learn about the H1N1 virus and hear a presentation about the decisions already made about vaccination. At the request of the Centers for Disease Control and Prevention, they discussed a set of decisions that will have to be made in the very near future about the vaccination program. These decisions were encapsulated in three scenarios representing three different levels of effort by public agencies, clinics and service providers in making vaccine available.

Public Viewpoints – What matters most to you in connection with a vaccination program?

The participants were presented with value statements aimed at summarizing different points of view and belief systems about vaccination. Perspectives that dominated this aspect of the discussion included:

1. Protecting the maximum number of people from the risk of getting H1N1 was their top priority.
2. For others, protecting the maximum number of people from vaccine side effects or vaccine safety critical to decision making.
3. Allowing additional time for thorough vaccine testing and thorough education about vaccination, also stated as not wanting to do too much too soon if the pandemic is not that severe.

Participants also discussed:

- The tension between doing too much too soon if the pandemic is not that severe and doing enough to get out in front of the disease by putting resources at the front end.
- Regardless of the intensity of the education campaign, there may be a lack of vaccine demand for a full throttle vaccination program.
- Until the vaccine is available, there are limitations to what local officials can do to go full-throttle.
- Vincennes, IN can take a moderate approach now because it has volunteers available if efforts need to be ramped up.
- There are other flu viruses (e.g., avian flu) as well as other public health issues that need attention and funding, and we shouldn't spend our resources all in one place.

Electronic Poll

Participants registered their opinions in an anonymous, electronic poll focused on both the three levels of effort and the underlying values. The moderate level received majority support; this remained unchanged, if the outbreak is less severe than expected. If the outbreak is more severe than estimated, a majority prefer a full-throttle approach.

Preferred Options

I Prefer Option 1 – Go Slow	8	14.04%
I Prefer Option 2 – Moderate Effort	40	70.18%
I Prefer Option 3 – Full Throttle	9	15.79%
Totals	57	100%

If less severe

I Prefer Option 1 – Go Slow	22	38.60%
I Prefer Option 2 – Moderate Effort	34	59.65%
I Prefer Option 3 – Full Throttle	1	1.75%
Totals	57	100%

If more severe

I Prefer Option 1 – Go Slow	6	10.53%
I Prefer Option 2 – Moderate Effort	18	31.58%
I Prefer Option 3 – Full Throttle	33	57.89%
Totals	57	100%

Value Statements

The value statements that were most often selected as a priority were:

Value Statement: I want time to allow for thorough vaccine testing and thorough education about vaccination – was in the top three for first, second and third priority; 20.34% said first priority (2nd), 37.34% said second priority (tied for 1st), and 16.07% said third priority (1st).

Value Statement: I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety) – was in the top three for first, second and third priority; 6.78% said first priority (3rd), 37.74% said second priority (tied for 1st) and 16.07% said third priority (tied for 3rd).

Value Statement: I want to protect the maximum number from the risk of getting the flu caused by the H1N1 – was in the top three for both first and second priority; 61.02% said first priority (1st) and 13.21% said second priority (2nd).

First Priority – All

I want to protect the maximum number from the risk of getting the flu caused by the H1N1 virus	36	61.02%
I want time to allow for thorough vaccine testing and thorough education about vaccination	12	20.34%
I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)	4	6.78%
I want to limit expenditure of government resources	3	5.08%
Flu caused by the novel H1N1 virus won't be as severe as predicted	3	5.08%
I lack trust in government-sponsored/promoted programs	1	1.69%
Totals	59	100%

Second Priority – Top Three

I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)	20	37.74%
I want time to allow for thorough vaccine testing and thorough education about vaccination	20	37.74%
I want to protect the maximum number from the risk of getting the flu caused by the H1N1 virus	7	13.21%

Third Priority – Top Four

I want time to allow for thorough vaccine testing and thorough education about vaccination	19	33.93%
I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)	9	16.07%
I want to limit expenditure of government resources	9	16.07%
Flu caused by the novel H1N1 virus won't be as severe as predicted	9	16.07%

The polling results are consistent with conclusions of the small-group discussions. An expanded statement from the small-group discussions follows.

Small-Group Discussions

What are your main concerns related to an H1N1 vaccination program?

- General Safety of Vaccine
 - The risks of the vaccine versus the risks of the virus
 - Fast tracking vaccinations can lead to lower safety standards
 - The risks to pregnant women
 - Potential side effects of vaccine

- Emergency Preparedness
 - The availability of personnel and resources to handle administrative issues, especially on the local level
 - Ensuring local agencies are prepared for the outbreak
 - Ensuring that the public will be notified of virus outbreak/local vaccine availability
 - Possibility of high vaccine coverage and low virus occurrence
- Education
 - General vaccine and H1N1 education
 - Ensuring consistent, yet correct information
 - Greater communication from CDC
 - Outreach to other cultures and populations (Amish, Mennonites, Hispanic, etc)
- Availability/Cost of Vaccine Programs
 - 1st and 2nd dose availability
 - Accessibility of vaccine to target populations
 - Concerns about cost of programs and availability of staff/volunteers to conduct vaccine clinics
 - Concern about spending too much money on this effort at the expense of future efforts
 - Possibility that the flu will not materialize and this preparation will not be worthwhile

Which Option do you feel is best? Pros and Cons

There was no consensus among the small groups on which approach is best; one group favored the go slow approach, two groups were divided between the go slow and intermediate approaches, five groups reached consensus around the intermediate approach, one group favored an intermediate to full throttle approach, and a final group favored the full throttle approach.

The following list of options (pros and cons) is in order of overall popularity, but not consensus or majority.

Pros and Cons of an Intermediate Approach

Pros

- Allows the program to ramp up to full throttle or down to go slow depending on actual severity.
- Is the most realistic; CDC and the media have already put us past the go slow option.
- Addresses values including the desire to educate the public, prevent illness, protect as many people as possible, and provide access to the vaccine.
- Is the most attainable and sustainable approach.
- Reduces unwanted panic.
- Allows for time to find out more about the virus and vaccine safety.

- Allows us to use resources we already have.

Cons

- Doesn't do enough to get out in front of the virus.

Pros and Cons of a Go-Slow Approach

Pros

- Addresses concerns about limited state and local funds.
- Allows for more aggressive consumer education without aggressive vaccination; allows people to make informed decisions.
- Allows time to learn more about how the vaccine works and risks of side effects.
- Errs on the side of caution by not doing too much too soon; caution is very important.
- Allows for development of a safe vaccine.
- Take a conservative approach to actual vaccinations.

Cons

- Concern that this will not be enough action.
- Lack of vaccine availability.

Pros and Cons of a Full-Throttle Approach

Pros

- Addresses concern of making the vaccine accessible to everyone, including those not in the target groups.
- Provides easy access for consumers to come back for a second dose.
- Allows us to stay ahead of the disease and prevent it from reaching full force.
- Allows us to educate the public about the pros and cons of the vaccine as well as its availability.
- Vaccine would be available sooner and at more vaccination sites.
- Would protect the largest amount of people.

Cons

- Potential cost deficit; don't have the funds.
- Too much effort without knowledge of the actual virus outbreak.
- May not be enough time to stay ahead of disease.
- Would require aggressive educating of public on virus.

APPENDIX A: Demographics of Participants

Total: 64 people

Age Range:

18-30 years	2	4%
31-50 years	28	50%
51 and above	26	46%

Gender:

Male	23	39%
Female	36	61%

Ethnicity:

Asian or Pacific Islander	0	%
Mixed Race	0	%
Black (or African American)	1	2%
Hispanic or Latino	3	5%
White	51	93%
Other	0	%