

**H1N1 Vaccination Program Public Engagement
Summary of Discussion from Table Facilitator Worksheets and Polling
August 15, 2009
Birmingham, Alabama**

OVERVIEW

Main concerns about the vaccine:

The top concern from the table discussions was that there should be adequate and trustworthy information and education provided to the public. The information would be widely disseminated so that all types of citizens would be able to make good decisions regarding the vaccine. The information should also not create panic or false demand for the vaccine.

Concerns over the safety of the vaccine were also a strong component of the small group discussions, mostly related to the amount of time to test the vaccine before it is distributed and the issues around adding Thimerisol and other adjuvant to some of the vaccine.

Equally as important as safety issues were concerns over funding and costs to the state and local health agencies and the recipients of the vaccine, and whether this money could be better used to educate the young on ways to avoid the flu or will the funding of the programs take away from other things that are equally or more important.

Many of the small groups brought up concerns around certain populations, mainly the homeless, having access to information and the vaccination. The fear was not only for their health but also the flu spreading to other areas of the population. Other groups that were mentioned were college campuses, teachers, immigrant populations, and healthcare workers.

Finally there was concern in a few groups about the ability of our federal government in the following areas. There was concern over the supply of the vaccine in relation to the demand, especially given that two doses are necessary. There was concern over clear information to the public regarding the difference between the seasonal and the H1N1 flu and the three vaccines.

Options – Pros and Cons:

Six of the groups chose the moderate approach with a full throttle approach to education and information. The reason for this choice had to do the balance and flexibility offered if the virus should be less or more severe than expected and would more easily allow us to ramp up or down more quickly. Full throttle was not chosen mainly due to concerns for cost and the safety of the vaccine.

Three of the groups chose the full throttle approach as being the safest and most sensible choice as prevention is the key to public safety. They also recognized the dilemma this approach could create if the vaccine supply was not adequate.

What Matters Most in a Vaccination Program:

The groups felt protecting people from the virus and limiting expenditure of government resources were equally important in a vaccination program.

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

Concern expressed during small group discussions are organized into the following themes.

Information and Communication

- Reliable and enough information getting to the community regarding the virus and the vaccine so people can make the right choices
- The entire public must be educated on the virus; Schools, churches, community centers, sporting events, businesses, and agencies
- Enhanced public education with respect to H1N1 (especially avoiding over-reliance on the press)
- Education component in getting right information to the public to allow for informed decisions
- Factual communication & education of the public as early as possible
- Education and communication -- TV, radio, groups working with homeless. Need to empower people to communicate with others. Drs could speak to groups who might be most skeptical or uninformed or miss-informed. Communication should be on safety, side effects, severity, frequency, unknowns, interaction of vaccine with other medications or ongoing health issues, availability or access to the vaccine. Information for those who don't want the vaccine but are at risk of contracting the virus.
- People not having enough information to make an educated decisions
- Education of all segments of the population is essential and should be undertaken as soon as possible. A strong, aggressive approach aimed at reaching people in many locations, such as kiosks in malls, grocery and department stores, schools, churches, community groups, athletic events would be most effective.
- Communicating the facts
- Outreach to everyone

Prevention and Containment

- Concern about populations such as homeless and college students not getting the information and not getting vaccinated. This is not only out of concern for their health but the possible additional spread of the virus by these populations.
- As quickly as possible the group felt that everyone should get the vaccine as soon as practicable
- Reaching target populations and other that work with target populations (such as teachers) early in the process to mitigate spread of disease
- Education about prevention measures that can be taken
- Not enough vaccine could mean healthcare workers (those who administer vaccines) could get sick
- Adequate vaccine supply
- Freedom to choose to be vaccinated while encouraging personal responsibility to protect themselves and the community.
- May need to require vaccine for school children like other vaccines and having a place in schools to quarantine sick children
- Better to overact than under act

Resources and Cost

- Costs and resources that are slim at this time
- Possible waste of resources if pandemic is not as severe as expected
- Cost – we need to be good stewards of resources. Funding full throttle may take away from other programs.
- was concern about the funding of administration costs.
- Who will pay the costs?
- Limited money which may be better used in educating 6 mos to 24 years of age in proper cleanliness, etc.
- Whether state and local funds will be affected in other areas of funding (i.e. cuts) of other programs if a full throttle approach is implemented.
- What will the funding cover?
- Who will pay for vaccines if public and private partnerships are created

Equity

- Outreach to all classes including middle to low income and the homeless
- Flexibility with setting target groups.
- Concern over sacrificing those of 65 years of age.
- Reaching the homeless populations
- Having enough vaccine for those who want it
- The priorities may mean that the elderly are not able to get the vaccine thus being more vulnerable
- Concern about reaching groups such as the homeless and immigrant populations.
- Will the vaccine accommodate all age groups
- Alternative vaccines should be made available to those allergic to eggs

Safety and Health

- Possible negative side effects of a vaccine (particularly if rushed into absence of adequate experience with the vaccine)
- Safety issues associate with the vaccine – what is the worse that can happen?
- Side effects that could be severe and more widespread
- Unknown side effects of the vaccine on children
- Safety (Thimerisol-autism) potential link.
- Side effects
- Safety (rush to production)
- Concerned about possible use of thimerisol and new antigens

Uncertainty and Unknowns

- Concerned that CDC has no guidelines
- Do not have adequate knowledge about the virus
- Concern that it's not the right vaccine/not enough is known
- Lack of research

Complexity, Confusion and Potential for Over-reaction

- Need to vaccinate against two separate viruses, three total vaccines, and the potential for confusion
- Confusion with seasonal flu vaccine
- With 3 vaccinations available, some may skip 2nd H1N1 due to confusion

- Almost hysteria calling it a pandemic. That goes to ease of spreading, not severity.
- There was concern about how news can be sensationalized and that an aggressive education campaign might result in social isolation, disruptions in schools and places of employment, and unruly situations if there is insufficient supply.

Government

- Are we being shielded by the decision makers regarding the seriousness of the problem?
- Moving too fast, distrust government
- How involved will the government be?

Coverage

- Half of population do not take regular flu shots anyway

Small group discussion - Pros and Cons of a Go-Slow Approach

Pros

[none]

Cons

- might be a “asleep at the switch” and tantamount to doing nothing
- the option of going slow seems to be past us now

Pros and Cons of a Moderate Approach

Pros

- the expanded emphasis on public education
- the recognized efficacy (in several) of vaccines while balancing the risks of negative side effect or possible inefficacy of this particular vaccine. For example, non-responsiveness of a large subset of population to vaccine; virus mutations, or waste of resources should the virus be less severe than expected.
- Could ramp up quickly from this level if necessary
- Strikes a balance between lack of knowledge of the virus and the need to move briskly to constrict its spread and consequences.
- Sufficient for most program features except for education and information

Cons

- Insufficient education and information

Other comments participants made regarding the moderate approach:

- Information should be transparent and trustworthy, not meant to scare people thus creating demand to justify the chosen approach.
- Government credibility concerns should not be on any of the pros/cons lists.
- Should focus time now on education/communication and during the outbreak focus on side effects and severity

Pros and Cons of a Full Throttle Approach

Pros

- Most sensible approach
- Contains appropriate levels of information dissemination.
- Prevention is the key – start early
- Because the general public needs the vaccine

Cons

- Might not be enough resources and volunteers for the education campaign
- Full Throttle is way too fast given the list of concerns regarding funding and safety
- concerns some might overreact
- Safety concerns
- Cost concerns

Other comments participants made regarding the full throttle approach:

- Education should not be aimed to increase demand generally for the vaccine, instead education should help population understand who needs it, when, and why. Some concern that a complete full throttle approach could strain resources, waste resources or cause undue demand or panic.
- Good education and a call for responsible action are essential to making the program work.
- Communication and education had to be strong focused, persistent and wide spread, whereas administration of the vaccine could be handled at a moderate pace
- Focus on components of education (1st) safety monitoring(2nd)
- Apply federal and state funds
- Create public and private partnerships
- Create credible access to care such as transportation
- Funding should cover everything
- Increase public health systems, involve churches
- Keep vaccination sites open for recall
- Volunteers should be regional

Participants had the following general comments regarding the options:

- Those who had no opinion did not favor one option over the other, but felt there was insufficient information to make an informed judgment.

WRITTEN PARTICIPANT THOUGHTS AND QUESTIONS

When distributing information it is important that major sources present the same information. I.e. CDC, state health officials, local health offices, and media (if possible)

Public Housing Mothers have to make a decision to keep their children home which means days off of work. Think about helping the lowest paid citizens because if they lose their jobs they will eventually not be able to stay in their housing.

The education component as well as the pros to cons of the materials do not mention the most important concern in a pandemic of a virus that is not particularly deadly – the effect on society in general. The economy, social and government systems functioning – the secondary impact on families etc. as people lose jobs, miss school, school closing, the military cannot function, etc. Each case of flu can impact many people in many ways apart from the actual illness. This is also important for the education of the public – business, government agencies need to be prepared for the interruption of society.

Preliminary Draft

Compiled Facilitator Notes Small Group Discussions

1. In some cases, less is more---we're looking for recurring themes and patterns in most responses and not every insight from every member.
 2. Complete this by the end of the day as we need to get started on compilation right after the meeting.
 3. When done, give your completed worksheet and any flip chart notes to a Keystone Center staff person. There will be a short de-brief meeting at the end of the day when you turn these in to the Keystone team.
 4. To the extent participants raise issues that do not fit easily into your report, encourage them to jot those down on the available index cards. Please provide Keystone any filled out index cards given to you when you turn in this sheet.
-

1. What are your main concerns about an H1N1 Vaccination program?

Table 9

- Reliable and enough information getting to the community regarding the virus and the vaccine so people can make the right choices.
- Concern about populations such as homeless and college students not getting the information and not getting vaccinated. This is not only out of concern for their health but the possible additional spread of the virus by these populations.
- Concerned that CDC has no guidelines.
- Costs and resources that are slim at this time.

Table 6

- Do not have adequate knowledge about the virus
- As quickly as possible the group felt that everyone should get the vaccine as soon as practicable
- Alternative vaccines should be made available to those allergic to eggs

The entire public must be educated on the virus; Schools, churches, community centers, sporting events, businesses, and agencies

Table A

- Enhanced public education with respect to H1N12 (especially avoiding over-reliance on the press)
- Possible negative side effects of a vaccine (particularly if rushed into absence of adequate experience with the vaccine)
- Possible waste of resources if pandemic is not as severe as expected

Table B

- Concern that it's not the right vaccine/not enough is know
- Education component in getting right information to the public to allow for informed decisions

- Outreach to all classes including middle to low income and the homeless
- Flexibility with setting target groups.
- Safety issues associate with the vaccine – what is the worse that can happen?
- Cost – we need to be good stewards of resources. Funding full throttle may take away from other programs.
- Concern over sacrificing those of 65 years of age.

Table C

- Factual communication & education of the public as early as possible
- Better to overact than under act
- Reaching target populations and other that work with target populations (such as teachers) early in the process to mitigate spread of disease
- Reaching the homeless populations
- Need to vaccinate against two separate viruses, three total vaccines, and the potential for confusion

Table D

- Education and COMMUNICATION – TV, radio, groups working with homeless. Need to empower people to communicate with others. Drs could speak to groups who might be most skeptical or uniformed or miss-informed. Communication should be on safety, side effects, severity, frequency, unknowns, interaction of vaccine with other medications or ongoing health issues, availability or access to the vaccine. Information for those who don't want the vaccine but are at risk of contracting the virus.
- Confusion with seasonal flu vaccine
- Education about prevention measures that can be taken.

Table E

- Having enough vaccine for those who want it
- Side effects that could be severe and more widespread
- The priorities may mean that the elderly are not able to get the vaccine thus being more vulnerable
- Unknown side effects of the vaccine on children
- Not enough vaccine could mean healthcare workers (those who administer vaccines) could get sick
- People not having enough information to make an educated decisions

Table F

- Adequate vaccine supply
- Are we being shielded by the decision makers regarding the seriousness of the problem?
- Freedom to choose to be vaccinated while encouraging personal responsibility to protect themselves and the community.
- May need to require vaccine for school children like other vaccines and having a place in schools to quarantine sick children

Table G

- Education of all segments of the population is essential and should be undertaken as soon as possible. A strong, aggressive approach aimed at reaching people in many locations, such as

kiosks in malls, grocery and department stores, schools, churches, community groups, athletic events would be most effective.

- There was concern about how news can be sensationalized and that an aggressive education campaign might result in social isolation, disruptions in schools and places of employment, and unruly situations if there is insufficient supply.
- There was concern about reaching groups such as the homeless and immigrant populations.
- Finally, there was concern about the funding of administration costs.

Table H

- Moving too fast, distrust government
- Lac of research
- Who will pay the costs?
- Limited money which may be better used in educations 6 mos to 24 years of age in proper cleanliness, etc.
- Safety (Thimerisol-autism) potential link.
- Side effects
- Safety (rush to production)

Table I

- Half of population do not take regular flu shots
- With 3 vaccinations available, some may skip 2nd H1N1 due to confusion
- Almost hysteria calling it a pandemic. That goes to ease of spreading, not severity.
- Concerned about possible use of thimerisol and new antigens

Table J

- Whether State and local funds will be affected in other areas of funding (i.e. cuts) of other programs if a full throttle approach is implemented.
- Will the vaccine accommodate all age groups?
- Communicating the facts
- What will the funding cover?
- How involved will the government be?
- Who will pay for vaccines id public and private partnerships are created
- Outreach to everyone
-
-
-
-

2. Talk through the pros/cons of each option; ask them if they understand the option, and if there are additional pros/cons. Then, ask---- Which option do you feel is best for the assumptions and circumstances? Why?

Table 9

- Strong preference for Option 2 – Moderate with a FULL Throttle approach in regard to information dissemination
- Information should be transparent and trustworthy, not meant to scare people thus creating demand to justify the chosen approach.
- Government credibility concerns should not be on any of the pros/cons lists.

Table A

- Among those who had formed an opinion, a majority favored the moderate approach.
- The moderate approach was favored because of the expanded emphasis on public education and the recognized efficacy (in several) of vaccines while balancing the risks of negative side effect or possible inefficacy of this particular vaccine. For example, non-responsiveness of a large subset of population to vaccine; virus mutations, or waste of resources should the virus be less severe than expected.
- Those who had no opinion did not favor one option over the other, but felt there was insufficient information to make an informed judgment.

Table B

Option 1 – 2 members of group

Option 2 – 6 members of group (because so little is known about H1N1)

Option 3 - 1 member of group

Table C

- Consensus on moderate to full throttle effort with emphasis on education and communication.
- Option 1 – seem to be past that now
- Option 2 – sufficient for most program features exception education and information
 - Should focus time NOW on education/communication
 - During the outbreak focus on side effects and severity
- Option 3 – Focus on components of education(1st) safety monitoring(2nd)

Table D

- Full throttle approach (Option 3)

Table E

- Moderate to full throttle approach with full throttle on education and communication
 - Education should not be aimed to increase demand generally for the vaccine, instead education should help population understand who needs it, when, and why. Some concern that a complete full throttle approach could strain resources, waste resources or cause undue demand or panic.
 - Good education and a call for responsible action are key to making the program work.
 - Some “moderate” supporters thought you could ramp up quickly from this level if necessary

Table F

- Most of the table favored Option 2 as striking a balance, based on lack of knowledge of the virus, with the need to move briskly to constrict its spread and consequences.

Table G

- The group felt that the full throttle approach was the most sensible, although some people felt that communication and education had to be strong focused, persistent and wide spread, whereas administration of the vaccine could be handled at a moderate pace.
- After discussion about the number of vaccination sites and the number of volunteers that would exist with a moderate approach, most people recognized the dilemma that would arise with a full throttle education campaign with only mid-level resources.

Table H

- Moderate approach preferred
- Go slow might be a “asleep at the switch” and tantamount to doing nothing
- Full Throttle is way to fast given the list of concerns regarding funding and safety

Table I

- Most were for moderate approach because of concerns some might overreact to full throttle. Also safety and cost concerns with full throttle.

Table J

- Full Throttle preferred because the general public needs the vaccine
 - Apply Federal and state funds
 - Create public and private partnerships
 - Create credible access to care such as transportation
 - Prevention is the key – start early
 - Funding should cover everything
 - Increase public health systems, involve churches
 - Keep vaccination sites open for recall
 - Volunteers should be regional

4. What matters most to you in connection with a vaccination program [OR what are your top 3] and why? Are any of your important values missing?

1. Protect Maximum Number from the Risk of Getting H1N1 Virus **x x x x x x**
2. Protect Maximum Number from Possible Vaccine Side Effects (lack of trust in vaccine safety) **x x x x**
3. Limit Expenditure of Government Resources **x x x x x x x**
4. Flu Caused by the Novel H1N1 Virus Won't Be as Severe As Predicted **x**
5. Lack of trust in government sponsored programs **x x x**

There was some sense that the lack of information (rendering the experts confused) suggest that public comment was sought as political “cover”; this sentiment was particularly strong among those not choosing any option or who were in the healthcare field.

Emphasis on vaccine for teachers, caregivers, and young children

Concern for cost to the federal government given current economic conditions and costs to states and counties

Severity of the side effects

Important to be prepared even if it is not as severe as anticipated.

Dispelling distrust and increasing awareness depends heavily on communication and education. Need to communicate with all segments of society such as homeless and others who do not have a regular doctor.

Overcoming the fear of side effects by keeping people informed as time goes by.

Cost for those without health insurance.

Side effects, wasted resources and the possibility of overreaction were considered, acknowledged as concerns and determined to be at much less relevance at this stage. Full throttle approach was rejected only because of concern that it could be too fast to avoid preventable mistakes and that it could cause demand to exceed supply dramatically and lead to panic.

Ensuring that poor counties in Alabama are not required to underwrite the costs of administering the vaccine in multiple locations (lack of funds)

Protecting indigent, homeless, and immigrant people.

Preliminary Draft

WRITTEN PARTICIPANT THOUGHTS AND QUESTIONS

When distributing information it is important that major sources present the same information. I.e. CDC, state health officials, local health offices, and media (if possible).

Public Housing mothers have to make a decision to keep their children home which means days off of work. Think about helping the lowest paid citizens because if they lose their jobs they will eventually not be able to stay in their housing.

The education component as well as the pros to cons of the materials do not mention the most important concern in a pandemic of a virus that is not particularly deadly – the effect on society in general. The economy, social and government systems functioning – the secondary impact on families etc. as people lose jobs, miss school, schools closing, the military cannot function, etc. Each case of flu can impact many people in many ways apart from the actual illness. This is also important for the education of the public – business; government agencies need to be prepared for the interruption of society.

Each person should be aware that germs can be picked up from grocery carts, door handles, gas stations etc. People should carry around hand sanitizer and refrain from shaking hands.

I believe everyone should be educated and that everyone should be cared about to know what my reality is and make no man or woman left behind.

People still confuse severity of the disease, which is mild, with how widespread and how quickly it spreads. Make sure the right information that gets out to people lets them know that this virus is mild to moderate, and not deadly to anyone who doesn't have pre-existing conditions, i.e. no worse than the seasonal flu.

During a break I noticed people from our group outside smoking – I think education should involve the fact that people should not expect to be healthy even with the vaccine, if they do not take measures in their everyday life to be healthy i.e. exercise, limiting sugar intake, not smoking, eating fruits and vegetables.

In the video, you need to present more on what will happen if no one is vaccinated – the % who might be sick at one time, how many in ICU's, effect on commerce and business if x% are gone from the food stores, truck lines, schools.

I think that there needs to be more and reliable information assembled to the public concerning the vaccine.

What is being done to further educate the youth and young adults on this issue?

Could we (the public) get a list of all the ingredients in the H1N1 vaccine?

I saw on Dr. Anne Schuchat's press conference on the H1N1 vaccine that thimerisol-free vaccines are being purchased for children age 2 and over. Will thimerisol-free vaccines be available for children 6 months to 2 years, as this is the group most vulnerable to autism?

If you took the flu shot in 1976 and became ill with flu, should you take this new vaccine?

HHS/CDC cannot rely on local and state resources to educate the population for this topic – it's not working!

There should be "roving" HHS/CSC specialists assigned to each state to do one on one (group+ outreach). I volunteer.

A pamphlet should be mailed to every household (less reliance on people self- initiating research).

Thanks for Coming!

Education through the school systems

Education and make vaccine available to the homeless.

Educate-Educate-Educate
When you know better you do better.

Homeless Population

Need to work with various shelters and health agencies that work with homeless populations

Education of the public – churches, schools, and sr. citizens, lay people, jails, and homeless shelters.

The health department, I would not have had any info other than the deaths reported.

If you go full throttle how do you think that you will engage large corps of volunteers in medically underserved areas in rural states?

Guidelines should be in place to deal with any kind of outbreak. It doesn't matter if it's the flu, aids, or any other communicable/spreadable disease or illness. When's it's 10% of the population affected or 50% or more affected response should be at a certain level by agencies ready to react.

I still would like to see more education for homeless people to be told whether it's dangerous or not in case someone gets it they will at least know the importance of having to keep from spreading it.

Polling Questions

1. Which option do you prefer?

- 5 I prefer Option 1 – Go slow
- 61 I prefer Option 2 – Moderate Effort
- 25 I prefer Option 3 – Full Throttle

2. What is the top/first priority reason for my choice?

- 53 We should protect maximum number from the risk of getting Novel H1N1 virus
- 11 I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)
- 0 I want to limit the expenditure of government resources
- 2 Flu caused by the Novel H1N1 Virus Won't Be as Severe As Predicted
- 26 I want time to allow for a thorough vaccine testing and thorough education about vaccination
- 2 I lack trust in government sponsored/promoted programs

3. What is the second priority reason for my choice?

- 22 We should protect maximum number from the risk of getting Novel H1N1 virus
- 35 I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)
- 5 I want to limit the expenditure of government resources
- 2 Flu caused by the Novel H1N1 Virus Won't Be as Severe As Predicted
- 27 I want time to allow for a thorough vaccine testing and thorough education about vaccination
- 0 I lack trust in government sponsored/promoted programs

4. What is the top/first priority reason for my choice?

- 18 We should protect maximum number from the risk of getting Novel H1N1 virus
- 22 I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)
- 8 I want to limit the expenditure of government resources
- 9 Flu caused by the Novel H1N1 Virus Won't Be as Severe As Predicted
- 27 I want time to allow for a thorough vaccine testing and thorough education about vaccination
- 7 I lack trust in government sponsored/promoted programs

5. If the H1N1 outbreak is less severe than expected, which option do you prefer?

- 16 I prefer Option 1 – Go slow
- 60 I prefer Option 2 – Moderate Effort
- 14 I prefer Option 3 – Full Throttle

6. If the H1N1 outbreak is more severe than expected, which option do you prefer?

- 1 I prefer Option 1 – Go slow
- 27 I prefer Option 2 – Moderate Effort
- 62 I prefer Option 3 – Full Throttle

Preliminary Draft

WRITTEN PARTICIPANT THOUGHTS AND QUESTIONS

When distributing information it is important that major sources present the same information. I.e. CDC, state health officials, local health offices, and media (if possible).

Public Housing mothers have to make a decision to keep their children home which means days off of work. Think about helping the lowest paid citizens because if they lose their jobs they will eventually not be able to stay in their housing.

The education component as well as the pros to cons of the materials do not mention the most important concern in a pandemic of a virus that is not particularly deadly – the effect on society in general. The economy, social and government systems functioning – the secondary impact on families etc. as people lose jobs, miss school, schools closing, the military cannot function, etc. Each case of flu can impact many people in many ways apart from the actual illness. This is also important for the education of the public – business; government agencies need to be prepared for the interruption of society.

Each person should be aware that germs can be picked up from grocery carts, door handles, gas stations etc. People should carry around hand sanitizer and refrain from shaking hands.

I believe everyone should be educated and that everyone should be cared about to know what my reality is and make no man or woman left behind.

People still confuse severity of the disease, which is mild, with how widespread and how quickly it spreads. Make sure the right information that gets out to people lets them know that this virus is mild to moderate, and not deadly to anyone who doesn't have pre-existing conditions, i.e. no worse than the seasonal flu.

During a break I noticed people from our group outside smoking – I think education should involve the fact that people should not expect to be healthy even with the vaccine, if they do not take measures in their everyday life to be healthy i.e. exercise, limiting sugar intake, not smoking, eating fruits and vegetables.

In the video, you need to present more on what will happen if no one is vaccinated – the % who might be sick at one time, how many in ICU's, effect on commerce and business if x% are gone from the food stores, truck lines, schools.

I think that there needs to be more and reliable information assembled to the public concerning the vaccine.

What is being done to further educate the youth and young adults on this issue?

Could we (the public) get a list of all the ingredients in the H1N1 vaccine?

I saw on Dr. Anne Schuchat's press conference on the H1N1 vaccine that thimerisol-free vaccines are being purchased for children age 2 and over. Will thimerisol-free vaccines be available for children 6 months to 2 years, as this is the group most vulnerable to autism?

If you took the flu shot in 1976 and became ill with flu, should you take this new vaccine?

HHS/CDC cannot rely on local and state resources to educate the population for this topic – it's not working!

There should be "roving" HHS/CSC specialists assigned to each state to do one on one (group+ outreach). I volunteer.

A pamphlet should be mailed to every household (less reliance on people self- initiating research).

Thanks for Coming!

Education through the school systems

Education and make vaccine available to the homeless.

Educate-Educate-Educate
When you know better you do better.

Homeless Population

Need to work with various shelters and health agencies that work with homeless populations

Education of the public – churches, schools, and sr. citizens, lay people, jails, and homeless shelters.

The health department, I would not have had any info other than the deaths reported.

If you go full throttle how do you think that you will engage large corps of volunteers in medically underserved areas in rural states?

Guidelines should be in place to deal with any kind of outbreak. It doesn't matter if it's the flu, aids, or any other communicable/spreadable disease or illness. When's it's 10% of the population affected or 50% or more affected response should be at a certain level by agencies ready to react.

I still would like to see more education for homeless people to be told whether it's dangerous or not in case someone gets it they will at least know the importance of having to keep from spreading it.

Prepared by:
Sue Wilcox
Suzan Kline
Edited by Ed Moreno