



Global Health E-Brief

Communication Increases Impact of Global Public Health Interventions

WELCOME to the first quarter 2010 *Global Health E-Brief*, designed to inform readers about key global health activities at the Centers for Disease Control and Prevention (CDC).

This issue highlights the contributions of CDC health communicators to improving global public health. By itself, communication can increase knowledge and awareness of a health threat; encourage action by people at risk; increase demand or support for services; de-bunk myths and misconceptions; and strengthen organizational relationships.

In combination with other strategies, communication can cause sustained change or overcome barriers in existing systems. CDC communicators are committed to amplifying the impact of CDC science-based actions around the world by working closely with Ministry of Health epidemiology, laboratory, surveillance, and other public health colleagues.

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Wang Ping, a Health Literacy Expert at the Chinese Center for Health Education (CCH), tests Rabies Prevention messaging in a school in Hunan Province, China.

Photo Credit: Melinda Frost, CDC

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Centers for Disease Control and Prevention
Center for Global Health

Chinese and CDC Health Communicators Share Health Protection Information with an Audience of 1.3 Billion

The first question health communicators ask when they develop messages or start a communication campaign is “Who is the target audience?” CDC health communicators assigned to the agency’s office in Beijing collaborate with Chinese public health officials to reach 20% of the world’s population!

Since 2006, U.S. CDC and China Ministry of Health (MOH)/Chinese Center for Health Education (CCHE) communications experts have worked together on projects ranging from providing technical assistance at the national level to community-based outreach that keeps pace with China’s rapidly growing economy and societal changes. While the first work focused on developing national guidelines and handbooks on how to develop and disseminate rapid, transparent and public-centered messages during emergency situations, current projects provide one-on-one spokesperson training at provincial health bureaus.

“Communicating our public health messages effectively so that behaviors change is an indispensable part of the profession of public health, says Dr. Jeffrey McFarland, CDC Country Director, China. “To have the greatest impact, we needed to have a professional trained in the specialized knowledge and skills of health communication. Having a health communicator at U.S. CDC China has resulted in greater impact, most recently seen in the Chinese response to pandemic influenza.”

Chinese public health officials are pleased by the progress. “When facing infectious disease outbreaks, the risk communication capabilities of a health system are very important and necessary,” said Mao Qun’an, spokesman, Chinese MOH. “Through the (China – U.S.) cooperative program, we have explored new measures and methods in communication practice, and this has had a great outcome in Influenza A (H1N1) prevention.”

Melinda Frost, leader of the U.S. CDC communications effort in China, is currently the only U.S. CDC health communication



Photo Credit: Chinese Center for Health Education

This image is from a PSA produced by the Chinese Ministry of Health depicts cough/sneeze etiquette practices recommended to prevent respiratory infections. The PSA is being shown on provincial television channels, in public transit facilities, and other public venues.

assignee overseas. She and her in country colleagues focus on three main areas:

- Build the capacity of the Chinese MOH and the CCHE,
- Communicate China – U.S. collaborative scientific findings to the public, and
- Coordinate media and public relations related to U.S. CDC projects in China.

Frost is quick to credit collaborators. “We’re far from doing this alone. We have terrific partners in the MOH and CCHE and we’re able to work with CDC’s top experts in emergency and risk communication, health literacy, and new media.”

The latest US CDC – China MOH communications collaboration is in social media, particularly Short Message Service (SMS) messaging. As China’s economy grows exponentially, its use of this new medium is exploding. China has 384 million Internet users and 700 million mobile phone users who during one 2-day period—Chinese New Year’s Eve and New Year—exchanged 13 billion text messages. The sheer number of Chinese citizens seeking new ways to quickly communicate provides an opportunity to learn more about how to provide health information. Lessons learned can help public health officials in the United States—and throughout the world—more effectively communicate about health with audiences.

To test the effectiveness of using text messaging to deliver health information, the U.S. CDC has partnered with the Shanghai Province’s 12320 hotline. The collaboration is testing respiratory infection control messages to find out whether recipients remember and apply the knowledge. If SMS health messages prove effective in Shanghai, the techniques may be expanded to other provincial 12320 hotlines, allowing for quick dissemination of consistent, science-based health messages. CDC and the MOH/CCHE are also exploring how to better communicate with less advantaged citizens in urban areas by studying health literacy levels.

As the world's cities grow and become more densely populated, there is much to learn about how to communicate about health with a diverse and tightly intertwined public.

Looking ahead, Frost says the health communication team will continue to collaborate with the China MOH/CCHE to improve overall communication capacity.

"It's daunting to think about the work our partners in the Chinese Ministry of Health have—to reach 1.3 billion people. While I believe we're helping to enhance their ability to do this work, we're also learning about how to better communicate with our populations in the United States."

The CDC health communication team is also supporting CDC's Global Disease Detection (GDD) activities, with an emphasis on the 2009 H1N1 influenza pandemic and hospital infections. Other projects include strengthening hospital infection control training and producing web chats on priority health issues, such as TB.

"I used to think that conducting studies and then publishing them in a big-name journal was the only way to get your message out," says Dr. Jay Varma, CDC emerging infections specialist in China. "It wasn't until I spent time in the field and saw how valuable health communication is that I realized that there are alternative and often more effective ways to change the opinions of policy makers, health care workers, and the public."

The CDC communicators also work with the U.S. Embassy Beijing's Public Affairs Press Office to advance State Department objectives. "Our mission (U.S. Embassy) has a strategic goal of supporting global health initiatives. Partnering with the U.S. CDC's health communication program is helping us to reach this goal. They have excellent contacts, resources and cooperative ventures, allowing us to support professional development for public health and risk communication," says Richard Buangan, Deputy Press Spokesman U.S. Embassy Beijing.

Radio Messages Help Educate Ugandans, Prevent Ebola Fever

In November 2007, the front pages of Kampala, Uganda, newspapers were full of headlines about the outbreak of an unknown illness in the Bundibugyo district of western Uganda. Patients were stricken by fever, vomiting, and frightening bleeding.

CDC analysis of blood samples identified a new Ebola virus—called *Bundibugyo Ebola virus* after the district where it was found—that was genetically distinct from other identified Ebola viruses.

At the request of the Ugandan government, a CDC team was deployed to Bundibugyo to work with Ministry of Health colleagues to investigate and contain the outbreak. Craig Manning, a CDC health communicator, and a French colleague from Médecins Sans

Frontières (Doctors Without Borders) met with local responders to determine how communication could assist in limiting the outbreak.

Disease from hemorrhagic fever viruses, like Ebola, occurs sporadically but the number of affected patients can quickly overwhelm under-resourced rural health clinics. Also, the symptoms of Ebola can be similar to those of malaria and other tropical diseases. Healthcare workers who don't take proper precautions can themselves become infected through contact with patients' infectious bodily fluids, resulting in further spread of the disease in the community.



Public health workers record PSAs in local languages, Bundibugyo Ebola outbreak, Dec 2007.

Photo Credit: Craig Manning, CDC

Recognizing that rural communities like Bundibugyo rely heavily on radio for news and information, Manning drafted a radio spot about Ebola prevention—based on a conversation between a local health worker and his nephew—and presented the idea to local responders. The Chairman of the group confirmed that the radio dialogues were "just what is needed" and asked, "Can you make more of these and in our local languages?"

Manning immediately reached out to a local radio station in nearby Fort Portal for help in disseminating prevention messages. The station was eager to help, even volunteering to translate the radio spots into a third local language. Through this partnership, the broadcasts reached homes and workplaces in Bundibugyo, including remote mountainside dwellings.

Additional messages were developed when CDC epidemiologists noticed during the second week of the response that local health workers were being stigmatized because they were taking care of Ebola patients. Their families and friends were afraid that they could get the disease simply by being in the same room. Manning and his team developed new radio scripts to raise community awareness about the effective precautions healthcare workers were already taking to prevent transmission, and to encourage communities to instead be supportive of the caregivers' efforts.

The outbreak (131 cases and 42 deaths; case fatality rate of 32 percent) was winding down in January 2008, but the public health work continued. In late December, Manning and his Ugandan colleagues finalized plans to continue their health communications efforts to ensure that other at-risk Ugandan communities were aware of Ebola's signs and symptoms so that future outbreaks could be detected and contained more quickly.

Manning returned to Uganda in 2009 and 2010 to facilitate health communications workshops on prevention of hemorrhagic fevers. At these workshops, Uganda's District Health Educators formulated

plans for prevention campaigns that included developing a list of priority print products, creating and translating health messages into local languages, and printing the materials. These workshops add another element to an ongoing scientific collaborations between CDC and Ugandan researchers to prevent outbreaks of hemorrhagic fevers, including Ebola.

Uganda's District Health Educators now have a library of materials they can use to reinforce the importance of behaviors to prevent outbreaks of hemorrhagic fevers and save lives. Plans for workshops in 2010 and 2011 are already in preparation.

Radio Script Advises Ugandans How to Avoid Ebola Fever

Nephew (surprised): Uncle, Uncle, I did not expect to see you today! I am very happy to see you.

Uncle: Ah, nephew, how are you?

Nephew: I am well. Uncle, you are a health worker, so can you tell me how I can protect myself and my family from the Ebola disease?

Uncle: Of course. Many people who have Ebola have a high fever and other difficulties like vomiting and diarrhea. They should go to the nearest health clinic as soon as possible.

Nephew: Ok. How does somebody get Ebola?

Uncle: I will tell you; there are several ways. For example, if you are caring for someone with Ebola – touching their skin with your hands, cleaning up their vomit with your hands, you can possibly get Ebola. So, for this reason, you must avoid touching them or their clothes.

Nephew: Very sad, Uncle, so I will take with me what you say and avoid direct physical contact with someone who might have Ebola fever. And I will share your ideas with my friends. Is there more information?

Uncle: Oh, yes, but that must wait as I am already late for a meeting. We are very busy trying to inform everyone in our communities. But be assured that you can protect yourself from Ebola, and we will talk more soon. Goodbye, Nephew.

Breathing Easier: CDC Introduces E-Learning Technology to Help Prevent Hospital-Associated Infections

CDC has found that technology-based, individual-centered training is an effective alternative to traditional instruction methods—lectures, memorizing facts, final exams—when helping front-line health workers learn how to prevent healthcare-associated infections (HAIs).

In the United States, HAIs are one of the top 10 causes of death each year and account for an estimated 1.7 million infections and 99,000 deaths. But what is the toll of HAIs in developing countries? CDC is taking steps to better understand the situation in developing countries and in the meantime is using new e-technology to train hospital staff how to prevent these life-threatening infections.



Photo Credit: Martha Scherzer, CDC

Hospital workers in Nyanza Province learn "virtually" how to prevent hospital-acquired respiratory infection.

CDC initiated the development of respiratory infection control (RIC) e-training in Kenya. The curriculum evolved after assessments of infection control practices in seven provincial general hospitals, one district hospital, and the largest tertiary care facility in the country. The assessments showed clearly the “front-line” healthcare workers in Kenya urgently needed information about how to prevent HAIs. Furthermore, the data showed that traditional classroom training would only reach a fraction of those in need. Facilities often lack trained infection control instructors, and there is frequent turnover in nurses, doctors, laboratory scientists, and other staff. Working closely with the Kenyan African Medical Research and Education Foundation (AMREF), CDC health educators translated the classroom curriculum into a computer-based, “e-learning” training package. From January 2009 through July 2009, more than 450 hospital staff received the classroom approach and 376 participated in the e-learning course. Evaluation data showed almost identical gains in knowledge between the two groups. Even workers who had never used a computer before demonstrated competency, and said they appreciated the flexibility and independence of e-learning.

The e-learning project is opening the eyes of public health professionals in Kenya to the benefits of this technology. The e-learning project fits well with the recent Kenyan “e-government” initiative and the recent nationwide installation of fiber-optic cable. Organizations like AMREF are beginning to make all of their courses available online.

Encouraged by the success in Kenya, CDC has taken the e-learning show on the road. The next stop is Guatemala, where, in collaboration with academic and government partners, the Kenya model will be adapted.

In addition to the RIC e-learning training, the Guatemala project will incorporate behavior change communication strategies and an ongoing HAI surveillance project. These interventions, including the e-learning component, are being evaluated for their impact on professional practice, rates of respiratory HAIs, and cost-effectiveness. When available, results from this multifaceted project will be used to inform hospital directors and national policy makers on the costs and benefits associated with reductions in respiratory HAI.

CDC Communication Research Guides Campaign to Encourage Kenyan Health Workers to Take H1N1 Influenza Vaccine

In June 2009, a group of medical students from England flew from London to Nairobi, Kenya to study and do volunteer work. They also brought with them one of the first cases of H1N1 influenza to appear in Africa. By early July, Kenya and four other countries in Africa were reporting cases of this new flu strain. Shortly after, WHO announced that 2009 H1N1 vaccine would be donated to developing countries, including Kenya, to protect their health care workers and other vulnerable populations.

As WHO and the government of Kenya negotiated the terms of vaccine delivery and distribution, CDC communicators worked with the Kenyan Ministry of Health to ensure that the people most at risk for infection—healthcare workers—would understand the dangers of H1N1 infection, the vaccine’s protective effect, and the importance of getting the vaccine to prevent spread of H1N1 in their communities.

The United States and other developed countries had information about healthcare workers’ views about H1N1 and H1N1 vaccine, but very little was known about how the healthcare workforce in developing countries would react to being offered the new vaccine.

Public health communications research has shown that if health care workers aren’t convinced of the need for and effectiveness of a vaccine, the general public may be even harder to convince. Knowing the attitudes and beliefs of Kenyan health care workers would help ensure development of an effective campaign to maximize the numbers who would agree to receive the vaccine.

In January 2010, CDC and Ministry of Public Health and Sanitation (MOPHS) staff surveyed health care workers in four different provinces; 16 focus groups were held with healthcare and support staff and more than 600 questionnaires were completed by staff at 20 different government, private, and faith-based health facilities.

Analysis of the responses showed that health care workers in Kenya tended to the same concerns as people in the United States about H1N1 vaccine:

- How effective is the vaccine?
- What are the side effects?



Photo Credit: Martha Scherzer, CDC

CDC and the Kenyan Ministry of Health asked health care workers, like those pictured above in Kisumu, about their willingness to receive H1N1 vaccine to protect them against the new strain of flu.

- What adverse events have been reported?
- Do the benefits of receiving the vaccine outweigh the risks of not taking it?

At the time of the focus groups and surveys, there were only two reports of H1N1-associated deaths in Kenya. A number of healthcare workers felt that the attention paid to 2009 H1N1 was preventing attention being focused on other more important health risks, such as HIV, malaria, and life-threatening pediatric diarrheal diseases. Other healthcare workers said they were eager to get the vaccine to help prevent spread of the disease; others did not consider it a high priority. As everywhere, a range of perspectives must be considered when designing a health communication campaign.

Following review of the findings, CDC recommended that the Kenyan government educate the health workforce about the benefits and risks of the vaccine before asking them to be vaccinated. CDC communicators also worked with the government and other organizations in the country to develop and disseminate materials that emphasize the potential seriousness of H1N1, the safety of the vaccine, and the importance of health care workers receiving the vaccine so they don't become ill caring for H1N1-infected patients.

Other messages highlight that the vaccine is free to healthcare workers and those who receive the H1N1 vaccine will be protected so they can work to help reduce the burden of other high-priority diseases in the country. Materials are currently being finalized for distribution ahead of the vaccination campaign.

As of April 6, 2010 Kenya had received 730,476 monovalent H1N1 vaccines. The vaccination campaign was expected to begin by the end of April and continue until the end of May. Health care workers will receive the first doses, followed by pregnant women and people with chronic illnesses.

CDC Joins Other U.S. Government Communicators to Help Journalists Improve Public Health Reporting

Communicators from CDC and federal government partners are advancing US public health and diplomatic interests by helping journalists abroad improve their reporting of urgent public health issues.

Since 2006, CDC in partnership with the Broadcasting Board of Governors (BBG)/Voice of America (VOA) and the Department of State (DOS), has led training in crisis and emergency risk communication for more than 600 journalists and public health and academic professionals who communicate through mass media in more than a dozen countries, including India, Bangladesh, Vietnam, Senegal, Togo, Nigeria, Benin, Kenya, South Africa, Haiti, Jamaica, Panama, Argentina and Bolivia where emerging infectious disease threats are especially acute.

In 2007, the US Interagency Team (CDC/HHS, Department of State, and Voice of America) held a series of workshops on seasonal, avian, and pandemic influenza for health and medical journalists in Kano, Abuja, and Lagos, Nigeria, just as the media were reporting the first suspected human case—later confirmed—of avian influenza H5N1 in sub-Saharan Africa.

CDC's senior global health communicator Dan Rutz, MPH, presented broad themes during the workshops:

- The world must prepare for the next pandemic influenza outbreak given the spread of influenza A H5N1 to parts of the world where it had never been seen;
- The media's role in a public health emergency, including relaying vital information to the public, such as how people can reduce their risk of becoming infected with a new influenza strain; and
- Discussion of public health outbreak communication strategy, emphasizing the World Health Organization (WHO)-endorsed commitment to five emergency communication tenets: trust, timely release, transparency, two-way communication, and tie-in to policymakers to ensure the tenets are upheld.



Study aids at the Journalist Workshop in Kingston, Jamaica, January 28-29, 2010.

Photo Credit: Brian Armstead, VOA

In particular, Rutz said, “The Nigerian journalists were reminded of the power at their hand to aid their listeners, viewers, and readers, or, conversely, to cause them harm if coverage is inaccurate or sensationalized.”

The week following the workshops, WHO confirmed the first human H5N1 case in Nigeria and media coverage by reporters who attended the workshops was balanced and accurate. One tabloid carried a sensational story, but the Lagos newspaper and other national publications published practical advice on safe poultry handling and preparation. One article reported on poultry consumption and found Nigerians were eating “slightly” less poultry than usual.

In a workshop held in January 2010 in Kingston, Jamaica, just two weeks after the devastating earthquake in Haiti, Rutz teamed with Brian Armstead, development officer with the International Broadcasting Bureau, Broadcasting Board of Governors/Voice of America (VOA). Together they coached a group of young journalists on how to report about pandemic H1N1 influenza, H5N1 (“bird flu”) preparedness and response; and the ethical/practical coverage of natural disasters, such as the Haiti earthquake.

Of the Jamaica workshop, Brian Armstead said, “Once again, several U.S. Government elements have teamed up to help train journalists on key issues regarding pandemic influenza and disaster preparedness. The interaction from the journalists helps us custom tailor each workshop we do to best serve the needs and wants of those who attend.”

In Jamaica, journalists attended a mock press conference on a scenario where a 6.3 magnitude earthquake had rocked the northern part of the island.

Brian Armstead played the role of a CDC spokesperson who describes a dire scenario for reporters. The reporters then teamed up to report on the disaster. One segment was recorded and the video was posted on [YouTube](#) for the participants to share and critique

Specific messages shared with the journalists included these:

- Journalists can improve their coverage of public health issues—routine and emergent—by learning basic public health practices, seeking credible sources, and reporting on

preparedness for emergencies in addition to covering them when they happen.

- Waning numbers of cases of H1N1 influenza around the world has caused confusion among the public about the severity of the illness and led some to question the designation of 2009 H1N1 as a pandemic.
- Influenza vaccine efficacy, safety, and access are often misunderstood by the public and deciding whether to take the vaccine can cause emotional upset.
- If H5N1 influenza A reaches the Western Hemisphere, severe economic and public health challenges are likely for the West Indies and Caribbean region.

Analysis of the workshop evaluations found that 20 journalists from four countries in the Caribbean (Guyana, Trinidad & Tobago, The Bahamas and Jamaica) learned basic influenza science, better preparing them to accurately cover issues around seasonal, pandemic, and animal influenza, including information their audiences can use to protect their health. The reporters discussed ethical and societal obligations when covering natural disasters, including earthquakes, and developed working relationships to assist them in better reporting of regional public health events.

Responsible journalism, practiced by well-informed and conscientious reporters can assist individuals, communities, and whole countries in recovering from future public health emergencies. By understanding their role in preventing misinformation and communicating essential public health guidance, the journalists reached through these workshops are well positioned to aid in Haiti’s restoration through the power of their words and the influence they share with fellow journalists.



Photo Credit: Brian Armstead, VOA

Group photo of participants at the Journalist Workshop in Kingston, Jamaica.

Newsbytes

CDC Continues Haiti Assistance in Midst of the Rainy Season

CDC continues to play a major role in the Haiti Relief effort after the 7.0 magnitude earthquake struck the country on January 12, 2010. Our three strategic objectives in the effort now are:

- Supporting public health surveillance and information operations in Haiti;
- Supporting the reconstruction of a sustainable public health infrastructure; and
- Supporting requests for assistance from partner agencies.

The rainy season is approaching in Haiti bringing the potential for heavy showers for the next 3 months making the relief and rebuilding effort all the more difficult. In an interview with the *Lancet*, CDC Medical Epidemiologist and the agency's team lead in Haiti, Stefan Wiktor said, "The rainy season poses a big risk for the camps, and we're particularly concerned about outbreaks of diarrhea due to faecal contamination of the water supply". (*Lancet*, Patrick Adams, 1067). Despite the adversities, CDC's staff and the Pan American Health Organization are assisting the Haiti Ministry of Health in conducting surveillance interventions to identify potential health risks and control and prevent the spread of disease through the rainy season and beyond.

CDC public health information on earthquakes and updated information about our response to the Haiti earthquake are posted at CDC's webpage on [earthquakes](#).



Photo Credit: CDC Emergency Operations Center, Incident Management

CDC Epidemiologist Thomas Handzel trains Haitians to assess safety of water and sanitation practices.

Ecuador Becomes Second Country in the Americas to Halt River Blindness Transmission

As announced on March 1, 2010, Ecuador is the second nation in the Americas after Colombia (in 2008) to stop the transmission of the blinding parasitic disease river blindness, or onchocerciasis. In the Americas, onchocerciasis occurs in 6 countries (Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela) with > 500,000 people at risk for infection. CDC provides technical assistance in monitoring the illness and transmission status of onchocerciasis in endemic areas. Because of the success of mass drug administration to affected communities in stopping disease transmission, onchocerciasis, one of the Neglected Tropical Diseases, is targeted for elimination in the Americas.



Photo Credit: Patricia Juliao, CDC

The medicine to treat onchocerciasis: Ivermectin tablet.

IND Approved to Allow Human Trials of CDC-Developed Technology for Dengue Vaccine.

CDC has successfully engineered unique vaccine technology that is potentially effective against all four types of dengue viruses. CDC's vaccine technology has been awarded multiple US and international patents. Since 2007, CDC has collaborated with Inviragen, Inc. a Colorado-based biotechnology company, in further clinical development of this dengue vaccine. CDC staff and Inviragen received favorable review from the US FDA of an Investigational New Drug (IND) application to conduct a human clinical trial of this dengue vaccine. The IND became effective in March, 2010 and two human phase-1 clinical trials, one in the USA



This map shows the Dengue risk countries around the world, the dark orange shaded countries are those countries at risk.

and the other in Colombia, are scheduled to be conducted later in 2010. More than 40% of the world's population lives in dengue endemic areas and as many as 100 million people a year become infected. Each year there are an estimated 500,000 cases, mostly children, of the potentially deadly dengue hemorrhagic fever.

World Meningitis Day Is April 24, 2010

Meningitis refers to an infection of the fluid surrounding the brain and spinal cord. It is mostly caused by microorganisms like bacteria, viruses, parasites, and fungi that infect blood and cerebrospinal fluid. The disease occurs throughout the world—with the highest rates occurring in the Meningitis Belt of sub-Saharan Africa where epidemics caused meningococcal bacteria claim thousands of lives each year.

The CDC has played a critical role in meningitis prevention and control in Africa for many years—collaborating with global health organizations, local governments and stakeholders throughout the continent to achieve the goal of meningitis elimination. Staff has played a substantive role with the Meningitis Vaccine Project (MVP), a Gates Foundation funded collaboration between World Health Organization (WHO) and the Program for Appropriate Technology in Health (PATH) to eliminate meningitis epidemics. As a WHO Collaborating Center for Meningococcal Disease, CDC provides epidemiologic and laboratory support throughout the African Region, and serves as a resource for responding to disease outbreaks.

The Confederation of Meningitis Organizations was founded in 2004 by 20 delegates of the World Conference of Meningitis Organizations to be a global voice for organizations and patient groups wanting to raise public awareness about Meningitis. The group launched the first World Meningitis Day in 2009. [Join Hands against Meningitis 2010](#)



World Malaria Day April 25: End of “Decade to Roll Back Malaria” Approaching

With the end of the “Decade to Roll Back Malaria” in sight, this World Malaria Day, April 25, 2010 is a milestone year for malaria control. There are now just over 257 days left to meet the challenge of the UN Secretary General to ensure universal coverage with all anti-malarial interventions. The USG’s primary contribution to global malaria control efforts is through the Presidential Malaria Initiative, of which CDC is a proud implementing partner. CDC has a long history of collaboration with Ministries of Health and other partners to fight malaria, providing technical expertise to PMI and other efforts through policy development, program guidance and support, and monitoring and evaluation. CDC field research was instrumental in developing many of our current tools for malaria control, and CDC continues to conduct strategically targeted research to ensure that we have the new tools needed to address the changing face of malaria.



Photo Credit: Joel Selanikio/DataDyne.org

Steve Smith, CDC chemist, uses a portable X-ray fluorescence analyzer to measure the insecticide content of a treated bed net in rural Ghana.

[Click here](#) to learn more about World Malaria Day.

[Click here](#) to learn more about CDC’s malaria activities.

Using Social Media to Communicate Public Health Messages

CDC’s National Institute for Occupational Safety and Health (NIOSH) has recently increased its engagement with global partners through the use of social media. NIOSH writes the e-newsletter for the World Health Organization Network of Collaborating Centers in Occupational Health and in March pioneered its first video story. The newsletter reaches over 8,000 email subscribers around the world. The “Global road safety for workers” article on Wikipedia has been viewed 2,500 times over the last 12 months (a rate of about 200 views per month). The article lays out several readily available intervention models for occupational road safety. NIOSH also manages a Twitter account by the name “WHOWorkerHealth”, which continues to gain global followers.

CDC Builds Strategic Communication Planning & Implementation Capacity in Costa Rica

CDC's Global Health Communication Team in partnership with the Costa Rican Ministry of Health conducted three, two-day workshops (April 6-13) on Strategic Communication Planning and Communicating Effectively with Target Audiences during Public Health Emergencies and Non-emergencies. Over 120 health directors and senior officials from the local, regional, and central levels of the ministry of health attended. During the two-day workshops, participants were introduced to various strategic communication and evaluation frameworks, and WHO emergency risk communication guidelines concerning the importance of establishing trust, announcing early, being transparent, working with stakeholders, and listening to as well as talking with target audiences about their concerns and helping them reduce and prevent the spread of infectious diseases.

During breakout sessions, participants applied the principles and techniques they learned on how to develop talking points, press releases, and health communication materials, and how to be an effective media spokesperson to reach target audiences during public health emergencies and non-emergencies. Several participants expressed that the practical experience gained from this workshop was invaluable and directly applicable to their role as health directors. According to Dr. Nydia Amador Brenes, Director, Rectory of Health Division, Ministry of Health, Costa Rica, "After receiving the workshop, now I can acknowledge the Media as allies, not as enemies. Besides, now I feel more confident about dealing with reporters".



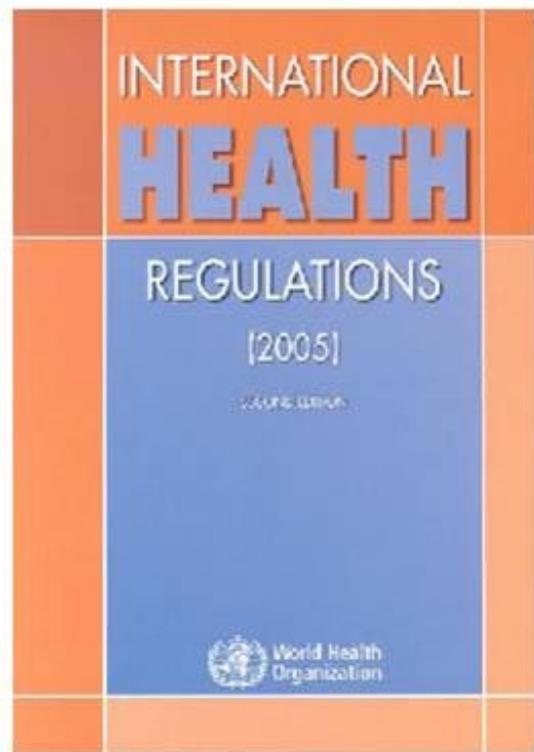
Photo Credit: Ruth Cooke Gibbs, CDC

Breakout session on Developing Communication Materials for a target audience based on principles presented by Nikki Parrott, CDC Health Communication Specialist, and a mock case study scenario on a dengue hemorrhagic fever outbreak in a rural community.

CDC's Division of Global Disease Detection Named PAHO/WHO Collaborating Center on the revised International Health Regulations (IHR, 2005)

The Pan American Health Organization/World Health Organization (PAHO/WHO) has designated CDC's Division of Global Disease Detection & Emergency Response (GDDER) (proposed) as a PAHO/WHO Collaborating Center for Implementation of the revised International Health Regulations (IHR) National Surveillance and Response Capacity.

As a WHO Collaborating Center, GDDER will coordinate a full range of expertise and resources in each of the WHO regions and assist in the advancement of on-site national core capacities for member states working to meet the minimal IHR requirements in surveillance and response. In partnership with WHO, GDDER will develop and implement activities, along with methods of monitoring and evaluating progress in surveillance and response capability made by member states. This designation will be effective for four years, from December 2009 to December 2013, with the potential to renew the designation after the four year term.



The aim of IHR and its WHO Collaborating Center in GDDER is to help the international community prevent and rapidly respond to acute public health risks that have the potential to cross borders and threaten people worldwide.