

TELL ME

Ruth Ann Steinbrecher, MPH

Vaccines and targeted medical countermeasures are well understood as the most effective weapons in the prevention and control of known and emerging infectious diseases. Less appreciated and too often inadequately applied are the broad range of public health countermeasures that become the first line of defense in the absence of specific medical countermeasures. Not the least of these public health control measures is importance and effectiveness in health communications.

This issue of *DMPHP* features a special section on Health Communications Strategies that includes papers from the Transparent communications in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence (TELL ME) project. TELL ME was a 36-month collaborative project whose aim was to provide evidence and develop models for improved risk communications during infectious disease outbreaks. The combined expertise of the 12 TELL ME partner institutions from 8 countries (including the United States) represented the disciplines of public health, social sciences, behavioral sciences, political sciences, law, ethics, communications, and media. The TELL ME project addressed 3 key questions:

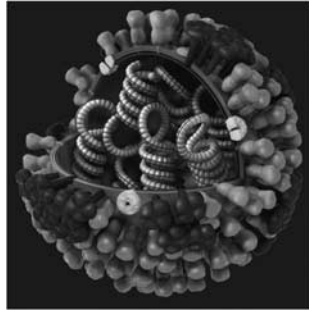
1. How can public health communications persuade a population to adopt effective protective behaviors (eg, vaccination, antiviral therapy, nonpharmaceutical interventions)?
2. What are the most effective communication methods to deal with complexity, uncertainty, information asymmetries, too much information, biased information, misinformation, and malicious information?
3. What communication strategies will maximize vaccine uptake and assist health professionals and agencies to engage with vaccine-resistant groups?

The resultant TELL ME products are available through the TELL ME website (www.TELLMEPROJECT.eu) and include a Framework Model for Outbreak Communication; the Practical Guide for Health Risk Communications; an e-learning platform with (1) a Course for Primary Care Staff and (2) an Ebola Course for Primary Care Staff; Guidance for Using the WHO Threat Index; and an Agent-Based Social Simulation Model.

The outcomes of the TELL ME project have broad public health risk communication applications not only for pandemic influenza but also for other infectious disease emergencies such as the Ebola crisis in West Africa. Some 30,000 Italian health care workers have completed an Ebola e-learning course based on TELL ME communication principles. It is anticipated that the TELL ME products will continue to evolve and be disseminated through the TELL ME website, through the literature, and through associated collaborative projects.

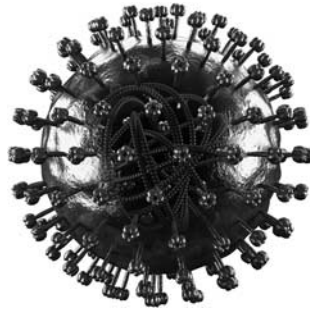
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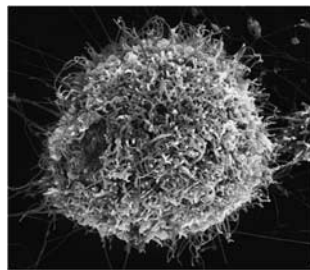
A 3D graphical representation of a generic influenza virion's ultrastructure, which is not specific to a seasonal, avian, or 2009 H1N1 virus. A portion of the virion's outer protein coat has been cut away, which reveals the virus' contents.

Source: CDC/Doug Jordan, M.A. Photo Dan Higgins



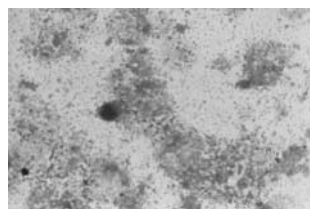
The United States experienced a record number of measles cases during 2014, with 644 cases from 27 states reported to CDC's National Center for Immunization and Respiratory Diseases (NCIRD). This is the greatest number of cases since measles elimination was documented in the United States in 2000.

Source: iStock.com



Colorized scanning electron micrograph of filamentous Ebola virus particles (blue) budding from a chronically infected VERO E6 cell (yellow-green).

Source: National Institute of Allergy and Infectious Diseases, NIH



Using the Gutstein's methyl violet staining method, this smallpox smear from a skin lesion of a smallpox patient revealed the presence of numerous viral particles.

Source: CDC. Image #15514.