**New York City**

**COVID-19 Vaccination**

**Risk Communication Plan**



**THIS DISASTER PLAN WAS PREPARED AS A PUBLIC HEALTH SERVICE BY:**

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# PREFACE

The New York City (NYC) Department of Health (DOH) is committed to the safety and security of New Yorkers, visitors, and the general public. In light of the COVID-19 pandemic, this emergency response plan has been developed to help guide the DOH vaccination program strategy in this public health disaster. Public health control measures have been taken to reduce the spread of the virus while we await the COVID-19 vaccine, and these have been effectively deployed. However, once a vaccine is available, it will be essential to have high levels of uptake; as many people as possible will need to be vaccinated in order to ensure herd immunity and to allow NYC to fully recover from the pandemic. This NYC COVID-19 Vaccine Response Plan (COVID-19 VRP) is designed to make this happen.

Studying the target population of a risk communication and understanding their

motivations or lack of motivation, determining the population’s concerns about vaccination and their perceived importance of vaccination, and analyzing the information channels and messages that may be best suited to relay information to the population as a whole and to sub-groups, are all i important issues that must be addressed in order to ensure that the NYC COVID VRP is successful. COVID-19 has presented us with countless challenges. The next critical challenge that we face is to ensure high rates of COVID-19 vaccination in New Yorkers. This document will guide the DOH in using the appropriate risk communication strategy to protect the health of all New Yorkers during the COVID-19 pandemic.

# SIGNATURE PAGE

**APPROVAL & IMPLEMENTATION**

**The City of New York and Certain Municipalities**

**Emergency Management Plan**

This emergency management plan is now approved. This plan is effective immediately and supersedes all previous editions.

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New York City Health Commissioner Date

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New York City Mayor Date

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New York City Emergency Management Date

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New York City Fire Department Date

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New York City Police Department Date

# ACRONYMS

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| --- | --- |
|  |  |
| **CASPER**  | Community Assessment for Public Health Emergency Response |
| **CDC**  | Center for Disease Control  |
| **COVID-19**  | Coronavirus Disease  |
| **DOHMH**  | Department of Health & Mental Hygiene  |
| **DHS**  | Department of Homeland Security  |
| **EMS**  | Emergency Management System  |
| **FBI**  | Federal Bureau of Investigation  |
| **FEMA**  | Federal Emergency Management Agency  |
| **GIS**  | Geographical Information System  |
| **GNYHA**  | Greater New York Hospital Association  |
| **IC**  | Incident Commander  |
| **ICS**  | Incident Command System  |
| **NIMS**  | National Incident Management System  |
| **NYC**  | New York City  |
| **OEM**  | Office of Emergency management  |
| **PH**  | Public Health  |
| **PPE**  | Personal Protective Equipment  |
| **THIRA**  | Threat Hazard Identification Risk Assessment  |
| **VRP**  | Vaccine Response Plan  |

**SECTION 1.0 OVERVIEW**

## 1.1 MISSION

The mission of the NYC DOH is to protect and promote the health of all New Yorkers centered around the core values including science, equity, and compassion. Currently, New York City is experiencing multiple health crises, including the COVID-19 pandemic, impact of racism on health and well being, and unprecedented social and economic instability. Although the department’s public health work extends far beyond these immediate crises, the DOH has vowed to focus its resources and attention on the COVID-19 response and make it their central priority, anchoring the rest of their work. This plan will assist in addressing these issues and provide a basic outline of how best to approach risk communication centered on COVID-19 vaccination.

## 1.2 STATEMENT OF PURPOSE

This plan provides a basic approach to risk communication related to COVID-19 vaccination. It includes general guidance for risk communication and an overview of mitigation preparedness response and recovery during this phase of the COVID-19 pandemic. The plan will use the incident command system (ICS) and National Incident Management System (NIMS). The right message at the right moment for the intended person can save lives. This plan helps local authorities and first responders gain the knowledge and skills to communicate effectively and engage with community members.

## 1.3 AUTHORITIES

**General Powers of the Department**

1. Subject to the provisions of this code or other applicable law, the department may take such action as may become necessary to assure the maintenance of public health, the prevention of disease, or the safety of the city a nd its residents.
2. Where urgent public health action is necessary to protect the public health against an imminent or existing threat, the Commissioner may declare a public health emergency. Upon the declaration of such an emergency, and during the continuance of such emergency, the Commissioner may establish procedures to be followed, issue necessary orders and take such actions as may be necessary for the health or the safety of the City and its residents. Such procedures, orders or actions may include, but are not limited to, exercising the Board's authority to suspend, alter or modify any provision of this code pursuant to subdivision b of section 558 of the New York City Charter, or exercising any other power of the Board of Health to prevent, mitigate, control or abate an emergency, provided that any such exercise of authority or power shall be effective only until the next meeting of the Board, which meeting shall be held within five business days of the Commissioner's declaration if a quorum of the Board can be convened within such time period. If a quorum of the Board cannot be so convened, then said meeting shall be held as soon as reasonably practicable. At its next meeting, the Board may continue or rescind the Commissioner's suspension, alteration, modification of Health Code provisions or exercise of power. An order issued pursuant to this subdivision shall be effective from the time and in the manner prescribed in the order and shall be published as soon as practicable in a newspaper of general circulation in the city and transmitted to the radio and television media for publication and broadcast. In the alternative, in circumstances where the order is directed at a finite number of known persons, the Commissioner may transmit the order to such persons in a manner the Commissioner deems practicable under the circumstances, including but not limited to mail, electronic mail, facsimile, closed electronic network, in person, or by telephone. Copies of orders issued pursuant to this subdivision shall be immediately circulated to and filed with the Board, and the Department shall maintain records attesting to the manner and timing of their publication or transmittal.
3. The Commissioner's powers under this section are separate and apart from his or her powers pursuant to other provisions of law, including powers arising from a proclamation of emergency issued by the Mayor under section 24 of Article 2-B of the New York State Executive Law or the Mayor's directions thereunder. Nothing in this section shall be construed to preclude the exercise of the powers granted under this section in 2 combinations with powers authorized under any other law or arising from such a proclamation or directions.

## 1.4 DEFINITIONS

**Anti-vaxxer** is a person who opposes vaccinations or laws that mandate vaccination.

**Risk Communication** refers to the exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being.

**Public Information** is any information, regardless of form or format, that an agency discloses, disseminates, or makes available to the public.

**Epidemic** is a widespread occurrence of an infectious disease in a community at a particular time .

**Emergency** is a serious, unexpected, and often dangerous situation requiring immediate action.

**Emergency Management** is the managerial function charged with creating the framework within communities to r educe vulnerability to hazards and cope with disasters. It seeks to promote safer, less vulnerable communities with the capacity to cope with hazards and disasters.

**Stafford ACT** The Robert T. Stafford Disaster Relief and Emergency Assistance Act authorizes federal agencies to undertake extraordinary measures designed to assist states' efforts in expediting the rendering of aid, assistance, emergency services, and reconstruction rehabilitation of areas devastated by disaster.

**Mutual Aid Agreement** Thearrangement between government and local organizations for resources and assistance during emergencies w here a single jurisdiction or organization's resources are insufficient or inappropriate for the tasks must be performed to control the situation.

**Coronavirus Disease (COVID-19)** refers to the infectious disease caused by the newly discovered coronavirus ( SARS-CoV-2).

**Personal Protective Equipment** is the equipment worn to mitigate exposure to hazardous materials.

**Vaccine/Vaccination** is a product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease; usually administered through needle injections, but can also be administered by m outh or sprayed into the nose.

**Herd Immunity** is resistance to the spread of infectious disease due to a high percentage of individuals being vaccinated.

**External Communication** is the exchange of information both within the organization itself and outside the organization

**Communication Plans** is a plan of action for getting the message delivered to the target audience.

**Racism** refers tothe idea or belief that certain races or ethnicities of people are superior to other groups.

**Pandemic** (**of** a disease)is an outbreak affecting a whole country or the world.

## 1.5 INTERNAL COMMUNICATIONS

Within the organization, the following steps will be taken to ensure that information is disseminated properly throughout the organization:

**- Weekly Memorandums** These weekly memos will be emailed to people within the organization and will be written on any new developments. If conditions warrant it, more frequent notifications will be issued.

## 1.6 EXTERNAL COMMUNICATIONS

In order to assure that there is clear and effective communication of important information to the public the following steps will be taken:

* **Communicating with the general public** The Public Affairs Officer is authorized to make public statements.Localmedia outlets will be utilized to disseminate important information and developments regarding the need to vaccinate, locations and times of free vaccination services, and hotlines for members of the public with questions regarding vaccination. Informational pamphlets and social media posts will be utilized to help dispel some common misconceptions spread by anti-vaccine groups.
* **Communicating with persons who have a disability** People who have a disability must be given the same information that is provided to the general public. Any type of information, whether it is printed, oral, or web based must be fully accessible. Appropriate accommodations should be made for a person with a disability. Ex: sign language interpretation of all spoken presentations, video captioning, braille version of material, web content with screen reader capability, recorded narration describing visual materials and attention should be paid to assuring that individuals who are not fluent in English also have access to the information. Other individuals who may have access and functional needs (undocumented individuals, congregate care residents, people with cognitive or neurological impairments, prisoners, homeless, etc,) must also have full access to all pertinent information regarding the vaccination program.

## 1.7 MUTUAL AID AGREEMENT

The mutual aid agreement provides for the reciprocal sharing of resources in case of emergencies or disasters. To help the DOH leverage their ability to communicate information on the vaccination program, the following entities will share their communication resources and extend the reach of the DOH program.

* Local Fire Department
* Local Police Department
* Local Doctors’ practices and clinics
* Emergency Medical Services
* Area Hospitals (private and public)
* Transportation companies
* Department of State Health Service
* Logistic companies
* Pharmacies
* Behavioral Health Centers
* Animal Services
* Public works
* Sanitation
* Dept of Education
* Dept of the Aging
* Red Cross
* NYC Disaster Interfaith Sector

# SECTION 2.0: CONCEPT OF OPERATIONS

The Concept of Operations (CONOPS) section outlines the three essential areas in managing and administering risk communication for the vaccine response plan. These areas include: (1) assessing the needs of the affected population including the needs of vulnerable populations; (2) matching available resources to the needs (including how you will address the needs of vulnerable populations); and (3) evaluating the effectiveness of the disaster response.

## 2.1 ASSESSING THE NEEDS OF THE AFFECTED POPULATION

In an effort to be prepared for any possible emergency disasters such as the current pandemic, community needs assessments will be routinely conducted every two years to keep track of vulnerable populations and their changing needs and health problems. The first step that will be taken in the event of an emergency will be a rapid needs assessment that will be carried out by the department of health. This needs assessment will be administered in the form of surveys (available in preferred language) and will aid in enumerating needs and preferences of the most vulnerable populations during the COVID pandemic and for any future emergencies. Emergency managers will use the CDC’s Community Assessment for Public Health Emergency Response (CASPER) technique for administering rapid assessments. The identification of the most vulnerable populations will be helpful in developing tailored risk communication strategies.

Surveys will be conducted online to minimize contact between individuals and will be conducted at the start of the disaster event. Individuals with underlying health conditions will be labeled as “at-risk'’ along with the elderly and immunocompromised individuals. Risk communication strategies will be tailored to each population group.

## 2.2 MATCHED AVAILABLE RESOURCES TO THE NEEDS

To respond appropriately to the COVID-19 pandemic and ensure vaccine risk communication is delivered effectively, the following tasks will be initiated:

* Continue to perform surveillance, laboratory tests, case management and treatment to manage the pandemic;
* Develop the vaccination strategy (space, supplies, storage, chain of command, temperature controls, staff, logistics and administration;
* Obtain vaccines and/or antivirals and prepare for the distribution;
* Prepare communication strategy and launch the media campaign;
* Advertise the importance of the COVID-19 vaccine through all platforms to encourage the public to get vaccinated.
* Coordinate with healthcare facilities (including pharmacies) in the planning so that they are prepared to accommodate their own distribution plans.

Medical providers throughout NYC will be equipped with appropriate personal protective equipment (PPE) and supplies to safely administer the vaccine, including to those who may be asymptomatic infected persons. Public health agencies will develop and disseminate diagnostic and treatment protocols so that treatment throughout NYC will be standardized.

Resources will be properly allocated throughout the city and areas that require more PPE and supplies will be provided these as needed. Public health agencies will manage cases so that individuals who have been infected or exposed can quarantine/isolate in locations that are equipped to accommodate their needs.

The public will be informed about the facts of COVID-19 vaccine, the vaccine distribution plan, and the details on how to get vaccinated. Information will be relayed to the public on all platforms in an attempt to reach each population in NYC including the most vulnerable populations. Platforms include, but are not limited to, advertisements on subways, billboards, television commercials, information pamphlets, social media posts, public health professionals and other highly respected and trusted

spokespersons. Traditional media (print, television, radio) will also be utilized to ensure widespread communications.

**2.3 EVALUATING THE EFFECTIVENESS OF RISK**

# COMMUNICATION FOR THE COVID-19 VACCINATION PROGRAM

The DOH is on the frontlines coordinating, responding, attending to health consequences caused by COVID-19. As the frequency and the severity of COVID- 19 cases begins to rise, monitoring and evaluation are critical tools to help the NYC DOH improve on past, present, and future response efforts t o a pandemic event. Evaluation of the department's response efforts can help bring improvements and offer insight into what is needed for a successful response. The tools that can help are: tabletop drills, hot wash (after the event), and on-going data collection and analysis. The goal of the response to the emergency is to protect and save human life and relieve human suffering. To assure an effective response, the DOH must conduct assessments and evaluations of their preparedness plan and response.

## *Evaluation without an emergency event*

**Tabletop** is the most common tool to use when there is no event. It allows for the assessment of responses of any given event and at different times during the event. It is a simulation of what the response would be like. Periodically, a wild card is added to the exercise to determine how quickly and effectively the group can adapt and adjust. Ex: there could be issues with power, a cyber-attack, or the data center shut down.

## *Evaluation after a response*

**Hot Wash** shouldbe held immediately after the event. One or more meetings occur after an emergency or disaster event. This is an opportunity for people in the department who responded to the event to share their thoughts, capabilities, and the management and effectiveness of the event itself. A hot wash provides data to identify opportunities for improvement, best practices, and lessons learned with recommendations for future planning, response, training, and exercise development. As improvement actions are identified and addressed, any relevant plans, policies, and procedures must be updated accordingly.

**Examples of the question to ask during the hot wash**

1. What happened?
2. What was supposed to happen?
3. What should be learned?
4. What needs to be improved
5. What needs to be implemented?
6. Were the organizations roles and responsibilities identified?

***Data Collection and Analysis*** is a tool to help evaluate how effective is the current plan in place. It also evaluates the participant's performance and abilities. Data also can help determine if the goals and objectives of the department were met. Geographic Information System (GIS) tools can help information and data quickly together.

**SECTION 3.0: PLAN ANNEXES**

## 3.1 THIRA: NEW YORK CITY, NY

|  |  |  |
| --- | --- | --- |
| **Natural**  | **Technological**  | **Human-Caused**  |
| Resulting from acts of nature  | Failures of systems or structures  | Intentional actions of an adversary  |
| **Emerging Diseases with** **Epidemic Potential** Emerging diseases a re difficult to contain or treat and present significant challenges to risk communication since mechanics of transmission, laboratory identification, and effective treatment protocols may be unknown 1. **Examples** : The current COVID-19 pandemic, Ebola, Zika, the emergence of H IV, and the opioid epidemic.  **Respiratory Viruses with** **Pandemic Potential** This hazard strains t he healthcare system, requires school closures, causes high rates of illness and absenteeism that threatens the infrastructure across the city, and decreases community t rust due to social distancing measures interfering with personal movement and being perceived as being ineffectual 1. **Examples**: The current COVID-19 pandemic, Spanish Flu, and the Swine Flu  **Flooding and Coastal Erosion** NYC residents are a t risk of flooding because of the city’s 520 miles of shoreline, b ordering the ocean, rivers, canals, bays, inlets, and a harbor that is home to t he largest port on the E ast Coast 1.  **Extreme Weather** Extreme heat and winter storms lead to power outages, traffic accidents, and death 1.  | **Power Outages** Causes disruptions to household appliances, HVAC systems, transportation systems, prisons, and life-sustaining equipment. This hazard can be a consequence from any other hazards identified or without the need of an outside trigger. As climate change continues to worsen and the occurrence of severe weather and storms increase, NYC residents become more at risk of power outages 2. **Subway Derailment** The NYC Subway is the largest rapid transit in the world by number of stations with 472 stations in operation located in Manhattan, Queens, Brooklyn, and the Bronx 5. Built in 1904, this infrastructure is old and, despite continuous maintenance and upkeep, the subway has the ability to cause fatality and damage to other infrastructures.  **Water Contamination** Water systems can become contaminated from flooding or saltwater intrusion. NYC is at a greater risk of developing a contaminated water system considering the city’s coastal location, rising sea levels and past flooding events.  | **Terrorism** NYC’s dense population is a major target for terrorist acts including shootings, bombings, and more. The NYPD Counterterrorism Bureau (CT) is the city’s primary local resource to guard against the threat of international and domestic terrorism in NYC. The Critical Response Command, The Bomb Squad, Joint Terrorist Task Force, and Terrorism Threat Analysis Group are a few that make up the CI Bureau 3. Terrorism attacks can lead to the loss of many lives, physical injuries, and lasting trauma harming mental health.  **Cyber Threats** The internet’s largely open and unregulated nature means NYC and other municipal governments are more vulnerable to the hazards associated with cybersecurity threats and incidents 1. A cyber-attack can lead to loss of money, personal information stolen, disrupt business and infrastructure. **Bioterroism Agents** An unlawful release of a biological agent with the intent to pressure a government or population to further political or social objectives is most likely to occur in urban environments 1. Bacillus anthracis, the bacteria that causes anthrax, is the most commonly used biological agents used in acts of bioterrorism. Inhalation can lead to death 4.  |

# ANNEX 2: ICS CHART



# ANNEX 3: TRAINING SEMINAR SUMMARY

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| --- |
| **New York City Risk Communication Plan for COVID-19 Vaccination**  |
| **Objectives of your Training Seminar**   | ● To mitigate the risk of COVID-19 infections to the general public by increasing vaccination to achieve HERD immunity.  |
| **Estimate Length of Training**  | ● 1 Hour & 20 minutes for Q&A  |
| **Target Audience and max size of audience.**  | * NYC community members within the five boroughs but mainly anti-vaxxers in New York City who are against vaccines.
* In person- small group of 5-6 (for safe social distancing precautionary measure) & Online- Zoom video conferencing unlimited capacity
 |
| **Who would be a good candidate**   | ● NYC infectious disease specialists & NYC Department of Health and Mental Hygiene can help educate the public ab out the vaccine and answer question or concerns  |
| **What do you want community** **members to do as a result of their attending this session?**   | * Making sure the community is connected to NYC official information source during an emergency
* To obtain a COVID-19 vaccine to protect themselves and others to achieve HERD immunity.
* Understand the importance of handwashing, covering cough and sneezing.
* Practice social distancing and using PPE.
 |
| **Strategies to increase community uptake of your mitigation**   | * Our strategy would be to offer the course multiple times a month to accommodate various schedules.
* Advertise the informational training course on subways, through TV advertisements, by word of mouth from well-respected community members, etc.

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