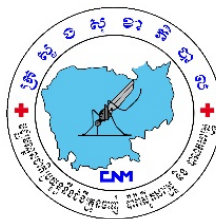


Kingdom of Cambodia
Nation – Religion - King



HEALTH EDUCATION AND RISK COMMUNICATION STRATEGY FOR DENGUE



National Center for Parasitology,
Entomology, and Malaria Control
2020

Forward

Dengue remains one of the major concerns. The National Dengue Control Program at the National Center for Parasitology, Entomology and Malaria Control in collaboration with the World Health Organization to Cambodia and the region developed the health education and risk education strategy for dengue with the aim at strengthening the effectiveness of disease control and prompt response before and during the dengue outbreak in Cambodia.

The strategy is designed to underline communication as part of the dengue contingency plan but also in the inter-epidemic period to inform, influence and motivate individuals and communities' decisions to enhance protective behaviors, seek early medical treatment and reduce the health impact of dengue. I take this opportunity to thank all the experts who were involved in the development of this strategy.

I am sure this document will help to develop targeted and tailored dengue information, education, and communication activities on all levels, to raise community, stakeholders and health care workers' awareness of dengue risk and appropriate behaviors that can save lives.

Phnom Penh,/...../ 2020

Professor ENG HUOT

Secretary of State

Preface

Dengue remains a major public health problem in the tropics and subtropics worldwideⁱ and represents one of the major health problems and health services in Cambodia. Dengue virus was first detected in Cambodia in 1963ⁱⁱ, and since then, the country has continued to experience dengue epidemics every 3-4 years. However, every year, parts of the country present dengue outbreaks. as the Aedes mosquito is endemic in Cambodia.

The disease is mostly presented as a mild or asymptomatic disease. Occasionally, it can lead to severe complications (dengue hemorrhagic fever and dengue shock syndrome) or even death. Although there is no specific treatment available, early diagnosis and appropriate medical care will save the life of the patients. While dengue is endemic in Cambodia effective and sustainable mosquito control can reduce transmission of the virus (NAP 2018).

This document is designed to optimize health education and risk communication for dengue. It covers activities during the dengue low transmission season as well as during outbreaks at the national or sub-national levels. Aligned with the Western Pacific Regional Action Plan for Dengue (2016) and National Action Plan for Dengue and other Arboviral Diseases Prevention and Control 2018 – 2020, this strategy for the National Dengue Control Program and its stakeholders setting out a path to achieve the goal of reducing dengue morbidity and mortality in Cambodia.

Specific objectives of the strategy are:

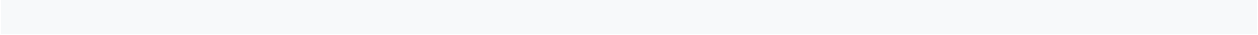
- To clarify roles and responsibilities and establish coordination mechanisms for dengue health education and risk communication
- To define target audiences, key messages, and appropriate communication channels
- To outline the roadmap for the flow of information for risk communication and health education proposes
- To specify health education activities to take place during low transmission periods.
- To outline risk communication activities during outbreaks

Phnom Penh,/...../ 2020

Dr. Huy Rekol

Acknowledgments

This strategy has been developed by strong support and commitment of Dr. Rabindra Abeyasinghe, MVP Coordinator at WHO Regional Office for Western Pacific and Dr. Luciano Tusseo at WHO Cambodia Country Office. Appreciation is also to extend to Dr. Rithea Leang, Manager of the National Dengue Control Program for his guidance during the process of document editing. Special thanks go to Dr. Ljubica Latinovic, WHO WPRO Risk Communication consultant, for compiling the strategy.



Acronyms and abbreviations

BCC	Behavioral Change Communication
CBO	Community-Based Organizations
CDC	Center for Disease Control
CNM	National Center for Parasitology, Entomology and Malaria Control
DENV	Dengue virus
DF	Dengue fever
DHF	Dengue hemorrhagic fever
HE	Health Education
IEC	Information, Education and Communication
IHR	International Health Regulations
MoH	Ministry of Health
NAP	National Action Plan
NDCP	National Dengue Control Program
RC	Risk Communication
WHO	World Health Organization
WPRO	Western Pacific Regional Office

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CONTEXT

INTRODUCTION

Health education is a constant activity that provides individuals and communities with the knowledge and skills to make decisions about their own health and the health of their loved ones. Well planned and targeted health education fosters sustained behavior change that will reduce the number of cases and frequency of the outbreaks.

Risk communication is one of the core health emergency capacities required under the International Health Regulations (IHR 2005). It is the two-way exchange of information and advice between authorities and the people who are a risk, allowing people to take rapid action to protect themselves, their families and communities during health emergencies. Advanced planning can facilitate rapid, more effective action during health emergencies.

This document sets out a strategy for effective health education and risk communication for dengue, during both the low cases season as well as during outbreaks. It aims to support the National Dengue Control Program and other stakeholders, as part of integrated actions for dengue prevention and mitigation of outbreaks. It also aligns communication and education activities to both the Western Pacific Regional Action Plan for Dengue (2016) and National Action Plan for Dengue and other Arboviral Diseases Prevention and Control 2018 – 2020, being risk communication and health communication one of the cross-cutting competencies.

Dengue

Dengue is spread by the bite of infected female mosquitoes, predominantly *Aedes Aegypti* which is endemic to Cambodia. It is characterized by high fever accompanied by headache, pain behind the eyes, joint and muscle ache and rash that typically lasts 2-7 days. Most people recover without any long-term consequences. Sometimes dengue symptoms can be mild and easily confused with other illnesses that start with a fever. One in four people infected with dengue will present no symptoms, however, they can pass the virus on to others.

Dengue can occasionally develop into a potentially lethal complication called severe dengue – which is the foremost priority for timely and adequate medical attention. The warning signs of severe dengue appear between day 3 and day 7 of illness and include a sudden drop in fever accompanied by persistent vomiting, severe abdominal pain, bleeding from the nose and gums, blood in vomit, irritability, and fatigue. Severe dengue is a medical emergency. Medical care by doctors and nurses experienced with the effects and progression of the disease can save lives. Maintenance of the patient's body fluid volume is critical to severe dengue care (WHO).

There are four types of dengue virus. Being infected and recovering from one type does not provide immunity for the other types: subsequent infections by other serotypes can lead to severe dengue. This means that everyone that lives in dengue affected areas is at constant risk. However, it has been seen that children, especially infants, can develop severe dengue more frequently.

Although there is no specific treatment available up to date, early diagnosis and appropriate medical care save lives. While some dengue transmission is inevitable in endemic countries, the presence of the virus can be limited through effective and sustainable vector control, that includes:

- preventing mosquitoes from laying eggs by the elimination of breeding sites
- disposing of solid waste properly
- covering, emptying and cleaning of domestic water storage containers on a weekly basis;
- applying appropriate insecticides to water storage outdoor containers;
- using of personal household protection measures, such as window screens, long-sleeved clothes, repellents, insecticide-treated materials, coils and vaporizers, in the early morning and early afternoons. It is recommended to follow these measures during the day both at home and place of work since the mosquito bites during the day as well;
- improving community participation and mobilization for sustained vector control;
- use of bed nets for patients with dengue at home and in the health facilities for protection of others, especially caregivers of the sick persons
- applying insecticides as space spraying during outbreaks as one of the emergency vector-control measures within a limited space and time;
- active monitoring and surveillance of vectors should be carried out to determine the effectiveness of control interventions.

Dengue outbreaks and epidemics tend to have seasonal patterns, with a number of cases often being the highest during the rainy season; however, climate change, rapid urbanization, lack of necessary infrastructure for water supply, among others, can become a reason for more frequent outbreaks if preventive and control measures are not enhanced.

Health education

Health education is defined as any combination of learning experiences designed to help individuals and communities to promote, maintain and restore their health, by increasing their knowledge or influencing their attitudes towards **voluntary behavior change** that will protect individuals and communities from specific diseases and prevent outbreaks.

Health education is an essential component of dengue prevention and control, ensuring that target audiences get clear and easy to follow messages that will facilitate the adoption of the key behaviors needed to prevent the spread of the disease, reduce complications and avoid fatalities. It is done mostly at the community level, through health education in schools, workplaces, and health centers.

However, dengue educational campaigns are not always successful because they are ad hoc, not well-targeted and lack to adequately explain the benefits of modifying conduct. In order to progress from simply sharing information to changing behavior, leading health education professionals are currently using a social marketing¹ approach incorporating the “4Ps”: product (desired behavior), price (economical or emotional cost of behavior change), place (where the target audience can be found) and promotion (message and channels).

Dengue health education should be constant and constantly updated, responding to the needs of the target population for specific health education strategies that will motivate their intention for sustained actions in order to prevent dengue.

Risk communication

Risk communication is the real-time exchange of information, advice, and opinions between experts, community leaders, officials and the people who are at risk and is an integral part of any emergency response. In epidemics and pandemics, in humanitarian crises and natural disasters, effective risk communication **allows people at risk to understand and adopt protective behaviors**. It allows authorities and experts to listen to and address people’s concerns and needs so that the advice they provide is relevant, trusted and acceptable (Guidelines, WHO 2017)

As dengue is one of the fastest spreading mosquito-borne diseases with the potential to provoke outbreaks and epidemics, risk communication is a key component for dengue outbreak planning and response.

¹ International Social Marketing Association definition: Social marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviors that benefit individuals and communities for greater social good.

Effective risk communication involves transparency, early announcement, management of the uncertainty and most importantly, the maintenance of trust. Trust can be preserved by providing timely, relevant, credible information and by expressing care for affected communities.

To develop an efficient risk communication strategy, it is important to evaluate the risk perception of the people who live in dengue affected locations. The risk perceived by experts (dengue managers, public health officers) is not always the same as that perceived by the community. The general public is more likely to perceive the risk as being high when the hazard is imposed involuntarily, irreversible, poorly understood, unexpected, unfamiliar, uncontrollable, unfair and/or affects the vulnerable. Conversely, people are generally less worried about the risks they face regularly. Dengue is a good example of this. In places where dengue is endemic, the local population tends to be unconcerned about dengue as it is a risk they have faced for years. This makes effective risk communication challenging. Sometimes it is necessary to first elevate people's perception of risk or provoke an emotional reaction in order to motivate them to take action and adopt protective behaviors.

During the response to outbreaks, the coordination of risk communication is critical: between different bodies within the MoH as well as with external partners and stakeholders. It is important to establish protocols and coordination mechanisms in advance to avoid a situation where different messages are released by different institutions, creating confusion, and undermining trust. On the other hand, well-coordinated, timely and well-defined messages, with a clear call to action for the mitigation of dengue, can protect families and communities and save lives.

IMPORTANT TO KNOW:

Health Education and Risk Communication are not separate components of the communication strategy for dengue prevention and control -- they complement each other. However, because of the nature of the health situation (acute Vs. existing risk), risk communication and health education can be used at different moments in time, based on the following:

Table 1: Risk Communication Vs. Health Education

Risk Communication	Health Education
In response to outbreaks and health emergencies – acute risk	Long term, constant, repetitive
The circumstances might change – amid uncertainty	Known health issue
Protect and mitigate	Promote and prevent
Call to immediate action	Call for voluntary change
Perception-based	Interest and motivation based
Protective behavior	The benefit of that behavior

Health Education and Risk Communication are based on:

SOCO (Single Overarching Communication Outcome)

Target audience

Messages

GOAL and OBJECTIVES

Goal:

To provide guidelines for dengue communication and education in outbreaks and during low dengue season, aligned with WPR DAP and NAP, with the aim of achieving the goal of reducing the health impact due to dengue in Cambodia.

Objectives:

- To clarify roles and responsibilities and establish coordination mechanisms for dengue health education and risk communication
- To define target audiences, key messages, and appropriate communication channels
- To outline the roadmap for the flow of information for risk communication and health education proposes
- To specify health education activities to take place during low transmission periods.
- To define risk communication activities during outbreaks

SUPPORTING DOCUMENTS

- Western Pacific Regional Action Plan for Dengue Prevention and Control (2016)
- National Action Plan for Dengue and other Arboviral Diseases Prevention and Control (2018- 2020)
- Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III – 2017)
- Risk Communication Strategy: Principles and Protocols (MoH – 2014)

Part 1: Health education for dengue

The National Dengue Control Program (NCDP) is a technical lead for all dengue-related activities including health education and communication. The health education has been provided through health center outreach activities and villages and schools community interventions. IEC messages and materials were produced by the HE technical division of NCDP. Messages mostly cover the elimination of the breeding sites, mosquito life cycle, and recognition of dengue symptoms.

Health education for dengue includes communication strategies during the low season for dengue, when sporadic cases are presented, to empower the communities and build sustained healthy behaviors. It is intensified during outbreaks to reinforce the health conducts necessary to mitigate the situation and to reduce the impact of dengue.

Health education lead
NCDP/CNM

Role:

- Assesses the knowledge, attitude, and practices of the population through periodical KAP studies, focus group discussions or other methods
- Define the specific target audiences and their need for information on dengue
- Set communications goals and SOCO
- Develop the messages
- Choose the adequate channels for message dissemination
- Coordinate with other MoH departments for the elaboration of the specific materials (eg. healthcare providers)
- Distribute IEC materials to the provincial level

Internal stakeholders
NDCC

CDC

Clinical Sub-Committee

Central Medical Store

National Center for Health Promotion

Department of Hospital Services

Role:

- Providing advice for messages and materials for specific target audiences
- Sharing the information and IEC materials on their social media platforms

Subnational counterparts:

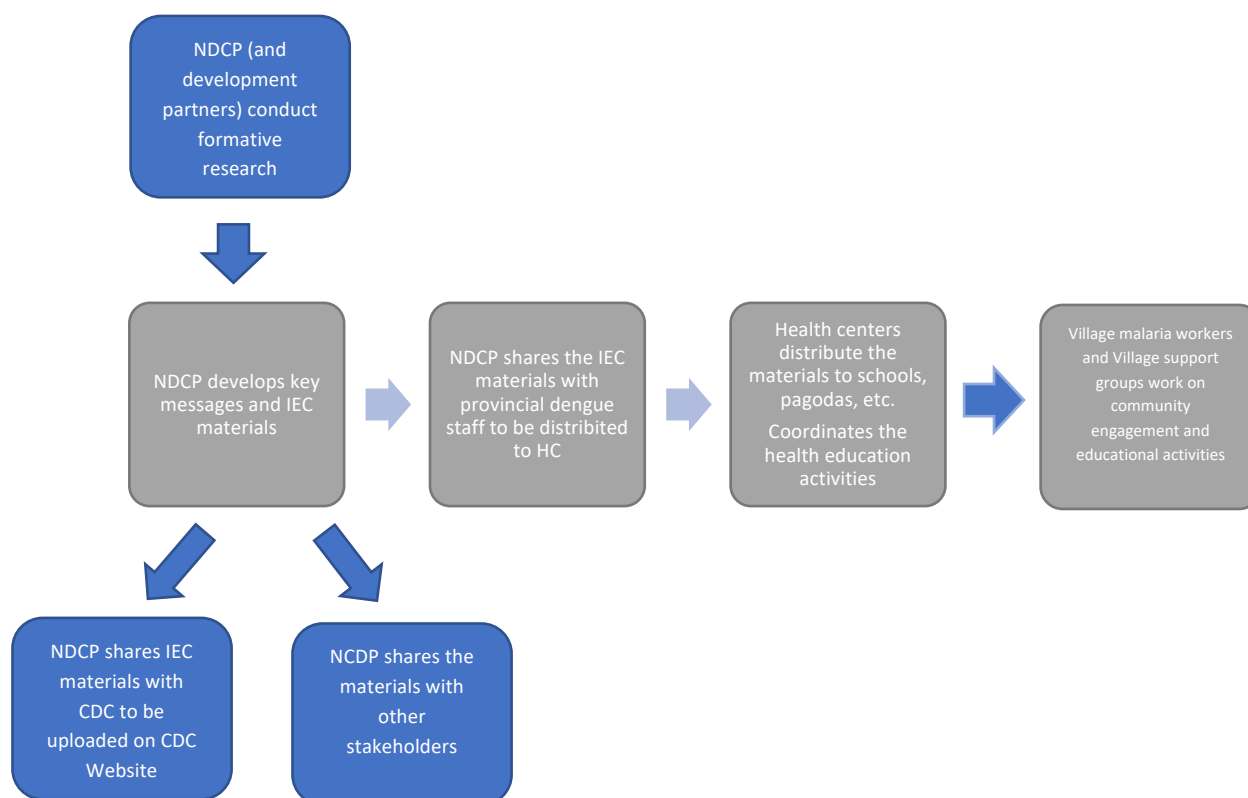
All Provincial Health Departments, ODs, HCs, HPs

Provincial dengue managers

Role:

- Distributing the IEC materials to the health centers, schools, pagodas, workplaces, etc.
- Conducting health education and risk communication activities at sub-provincial levels
- Raising the awareness of the community influencers about dengue

STANDARD OPERATING PROCEDURES



TARGET AUDIENCE AND SOCO

TARGET AUDIENCE	COMMUNICATION OBJECTIVE	SOCO
Singe Overarching Communications Objective – the result of our communication		
General public	To raise awareness of the ongoing risk of dengue and possible outbreaks and provide information about the risks and guidance in order to achieve sustainable preventive behavior.	The community carries out environmental cleaning and elimination of breeding sites once a week.
Caregivers of infants and children	To provide information for early recognition of dengue symptoms and what to do if a child is sick with dengue.	Caregivers know the symptoms of dengue and when and where to look for medical attention.
Local authorities and Community leaders/ influencers in local communities that are presenting cases	To have the knowledge and information to become agents of behavioral change and promote adequate environmental and personal measures to reduce dengue in their communities	Local authorities, community leaders and influencers advocate for community action for sustainable dengue prevention and control.
Decision-makers from MoH and all levels of government	To promote understanding of the importance of dengue prevention and control and advocate for sustainable measures within the MoH and with other government stakeholders.	All stakeholders involved in dengue communication coordination activities.
Policymakers, donors, international stakeholders, other UN agencies	To advocate for a better understanding of dengue impact on health, economy, and society and raise awareness of cooperation and resource mobilization to reduce the burden of the diseases.	Resources are mobilized for dengue prevention and control of the national and international levels.

School settings	To provide to school authorities and students with knowledge and tools to become dengue prevention promoters in their community.	Schools participate in a “Mosquito breeding sites free schools” program Students act as dengue detectives in their schools and communities
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MESSAGES

Health education messages can be facts, information or suggested courses of action. They aim to explain the health topic (dengue) and to influence the target audience to learn, modify and voluntarily change their behaviors.

Health education messages need to:

1. Draw attention and inspire people to make a change
2. Communicate the benefit for the audience
3. Reach out to the head (information, knowledge) and to the heart (emotion, motivation)

The messages should be aligned to the SOCO – the change in the target audience that is aimed to be achieved as a result of communication.

Table 2: Messages for the inter-epidemic period

When sporadic cases are presented
General information about dengue and its risks
Actions to reduce the impact of dengue (dengue control and prevention in communities)
Community awareness and mobilization
Advocacy messages for dengue

WHO Strategic Communication Framework principles:

- Accessible
- Actionable
- Credible and trusted
- Relevant
- Timely
- Understandable

See Annex 1 for a list of messages to be used depending on the target audience and can be adapted to the context and necessities of the situation.

The messages can be used for different proposes:

- Talking points for a spokesperson
- Frequently asked questions
- IEC materials like posters, leaflets, stickers, etc.
- Social media like Facebook and Twitter
- Key messages for training and capacity-building
- Key messages for community information sessions
- Web site material
- Video material
- Advocacy material
- Direct messages for SMS, WhatsApp, Viber, Messenger
- Key messages for the media

COMMUNICATION CHANNELS

In order to make an impact and reach the target population, a mix of available channels and techniques should be used; from face to face strategies, use of loudspeakers in the community to social media and awareness events. This will depend both on available resources, and on what is the best way to reach the target audience.

The following table is not an exhaustive list of options, those are just some general recommendations:

Target audience	Suggested channels
General public	Mass media (TV, radio), posters in frequently visited places like shopping malls, pagodas, etc. Loudspeakers in the community Banners Social media MoH Website

Caregivers of young children	<p>Video in the health centers and pharmacies (if there is a TV), Reminder cards or stickers to be handed out in HCs and schools</p> <p>Social media (e.g. Facebook)</p> <p>Educational sessions in community centers</p> <p>Short video Messages sent via instant messaging services or SMS</p>
Local authorities/Community influencers	<p>Educational sessions and workshops</p> <p>Q&As about dengue</p> <p>Community cleaning and elimination of breeding sites event (e.g. Dengue Day)</p> <p>Personal communication – in-person, via phone, email, WhatsApp, Telegram</p>
MoH Decision-makers and Stakeholders	<p>Q&A about dengue</p> <p>CNM Website dedicated to dengue prevention and control</p> <p>Personal communication – in-person, via phone, email, WhatsApp, Telegram</p>
Policymakers	<p>Storytelling - Video on dengue situation from the community to raise awareness</p> <p>Publication about dengue lessons learned (case studies, success stories)</p> <p>Investment case</p> <p>Events to share experiences</p> <p>Personal communication – in-person, via phone, email, WhatsApp, Telegram</p>
School setting	<p>Eduentertainment strategies (painting exposition, quizzes, games on how to recognize the breeding site, tires painting, dengue detectives, etc.)</p>

	<p>Essay competition: Dengue story</p> <p>Educational sessions for school authorities</p>
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PART 2: RISK COMMUNICATION

Dengue, together with other communicable diseases and natural disasters, is one of the major public health problems in Cambodia. As dengue mosquito is endemic to the country, the probability of outbreaks occurring is high. Prolonged rainy seasons, rapid urbanization, climate change, and other environmental factors are contributing to the spread of the dengue virus.

Risk communication has been recognized as one of the essential elements of a successful response to dengue outbreaks. It is the interactive exchange of information and opinions among individuals, communities, institutions concerning the present or possible risk for their health or/and environment. Effective communication in outbreaks and emergencies promotes the adoption of appropriate protective and control measures.

Outbreaks require a very well-coordinated response at the national, provincial and local levels. Everyone involved needs to communicate effectively with each other, with the public, with other stakeholders and the media in order to build and maintain trust and credibility, show concern and care and foster protective action.

Risk communication guiding principles (WHO 2017):

1. Create and maintain trust
2. Acknowledge and communicate even in uncertainty
3. Coordinate
4. Be transparent
5. Be first, be fast, be frequent in public communication
6. Involve and engage those affected
7. Use integrated approaches
8. Build national capacity, support national ownership

Risk communication coordinator

NCDP/CNM

Role:

- Coordinating risk communication activities within the MoH and with other external partners (e.g. WHO, UNICEF).
- Reporting all risk communication activities for dengue.
- Preparing key messages on the dengue situation during the outbreak.
- Preparing talking points for the spokesperson.
- Updating the CNM Website and making sure all the available materials and information are up to date.
- Liaising with CDC to share messages through social media
- Distributing materials to the provincial level
- Monitoring the effectiveness of risk communication messages, materials and activities, listening for rumors and making updates as necessary
- Organizing, when needed, dengue risk communication training for staff at both national and provincial levels.
- Conducting a post-outbreak evaluation or after-action review of the risk communication response to capture lessons learned for the next outbreak.

Internal stakeholders

NDCC

CDC

Clinical Sub-Committee

Central Medical Store

National Center for Health Promotion

Department of Hospital Services

- Providing input for messages and materials for specific target audiences (healthcare workers, schools, stakeholders and partners, etc.)
- Sharing information and IEC materials on social media platforms
- Alerting the NDCP to any community feedback on risk communication products or of the presence of misunderstandings or unhelpful rumors
- Participating in and co-facilitating training on risk communication organized by NDCP
- Distributing messages and materials to rapid response teams

Subnational counterparts:

All Provincial Health Departments, ODs, HCs, HPs

Provincial dengue managers

Rapid response teams

Village Malaria workers

Village help supporting groups

Role:

- Distributing IEC materials to health centers, schools, pagodas, workplaces, etc.
- Training community influencers about dengue
- Conducting community-based engagement activities

Spokesperson:

There are three persons nominated officially as spokespersons during dengue outbreaks:

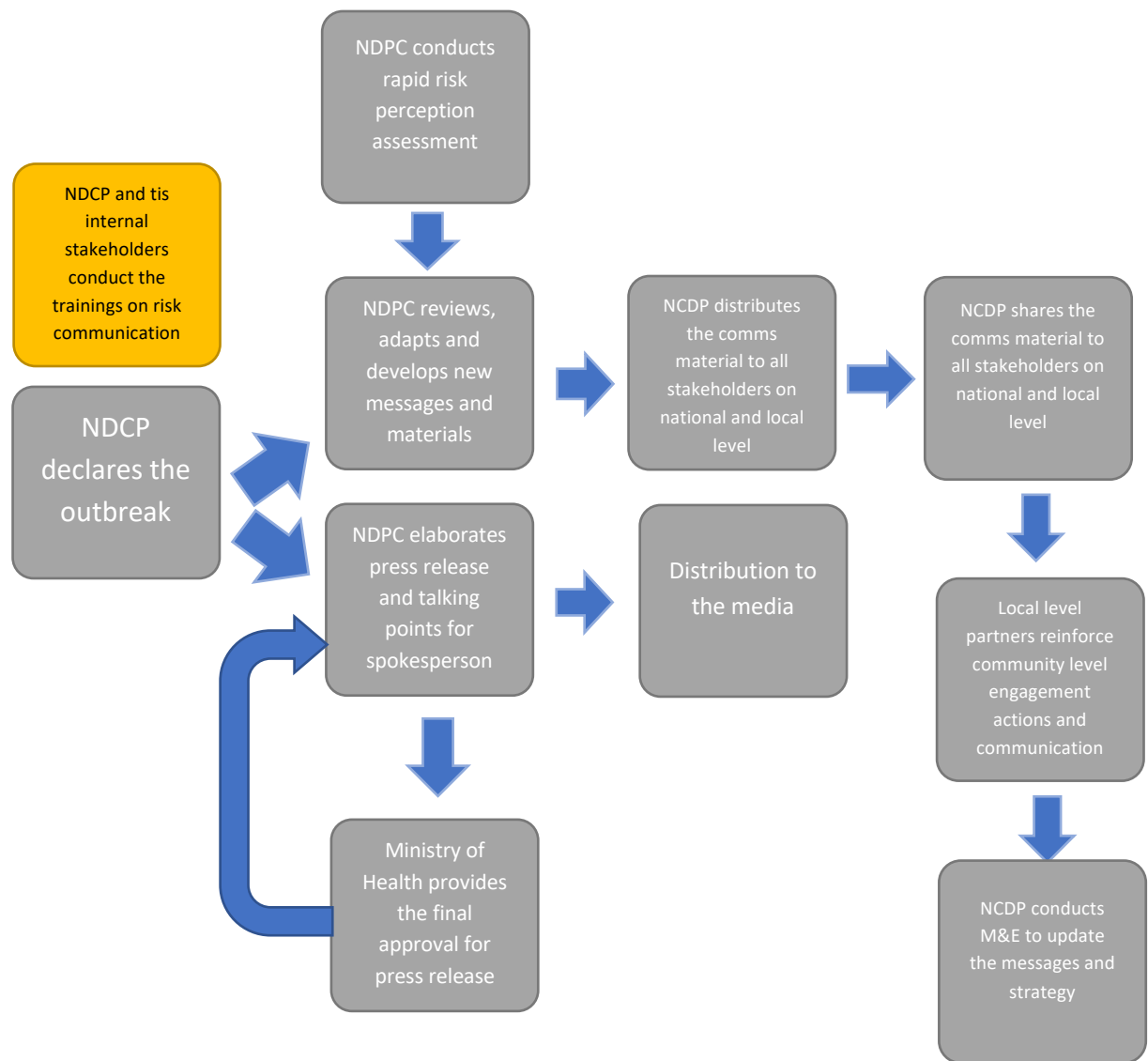
Secretary of Health

Director of CNM

Director of CDC

Director of the CNM is the main spokesperson but, depending on the situation, the Director of CDC can step in. From time-to-time, provincial health authorities may be called upon to also act as spokespersons. For this reason, they should also be trained on how to manage risk communication during dengue outbreaks.

STANDARD OPERATING PROCEDURES



TARGET AUDIENCE AND SOCO

TARGET AUDIENCE	COMMUNICATION OBJECTIVE	SOCO
		Single Overarching Communications Objective – the result of our communication
General public	To provide current information about the situation and messages on where and when to seek treatment.	Members of the community seek treatment for dengue at the right place at the right time.
Caregivers of infants and children	To provide information on how to recognize the early recognition of dengue symptoms and what to do if a child is sick with dengue.	Caregivers recognize the symptoms of dengue and the warning signs of severe dengue and know when and where to look for medical attention.
Local authorities and Community leaders/ influencers in local communities that are presenting cases	To motivate and influence local authorities, community leaders and influencers to lead community-level dengue mitigation measures.	Community leaders and influencers advocate for and lead community dengue mitigation measures.
Health care workers (doctors and nurses) at health units	<p>To inform health workers about the dengue situation and acquaint them with clinical guidelines for dengue management.</p> <p>To harness the power of health care workers as trusted influencers in their communities</p>	<p>All doctors in health units treat dengue suspected and confirmed cases according to the clinical guidelines.</p> <p>Health workers interact confidently with patients during discussions around dengue. When sending patients home, they provide solid information on how they should be cared for at home.</p>

Media

To build a relationship with the media and provide them with correct and official information and messages to the public. News outlets transmit the official information provided directly from NDCP and/ or MoH.

MESSAGES

In the time of health emergencies, the public can be in great distress and understanding and processing the message can be very difficult. People in this situation process the information way below their usual capacity or educational level, focus on negative more than on positive information and care much more about issues of trust, benefits, fairness, control, and prevention of the situation.

MESSAGE REMINDER

To give the most precise information for the target audience it is important to make sure messages respond the following question:

Are the messages understandable?

- ☐ Have you avoided jargon and technical language?
- ☐ Have your communication products been properly translated to local languages (and ideally been proofread by a native language speaker)?
- ☐ Are the messages appropriate for the level of education of the target audience?

Are the messages complete, honest and open?

- ☐ Have you acknowledged any uncertainties? That is, have you acknowledged both what is known and what is not known?
- ☐ Have you communicated the scope of the problem and provided a solution?

Do the messages take into consideration the target audience's risk perception and do they show that you care?

- ☐ Have you expressed empathy?
- ☐ If risk perception is low, will the messaging invoke an emotional response? If risk perception is high, have you respectfully addressed community concerns?

Are your messages actionable?

- ☐ Is your target population able to carry out the actions you're asking them to take?

- ☐ Have you considered whether there may be cultural, economic (e.g. cost) or other barriers that may prevent some groups from adopting the behavior that you are promoting?

Messages need to be adapted based on:

Content – accurate, evidence based, explicit, relevant and target audience oriented

Context – culture, beliefs, perception, knowledge and necessities of the target audience

Channels – message delivery approaches: traditional media, social media, web sites, direct communication, etc.

Connections – empathy, caring, understanding, respect, trust, honesty, involvement

Dengue messages for outbreaks need to be specific to the situation but also reinforce the messages that have been used during the low seasons for dengue, in the health education phase. See annex X for the messages in outbreaks.

Table 3: Messages for dengue outbreaks

Outbreak situation
Current dengue situation, including actions by the Government
Dengue symptoms and warning signs
Seeking early medical attention
Homecare for dengue patients
Breeding site elimination

COMMUNICATION CHANNELS

As for health education, in order to determine communication channels, it is recommended to do some kind of assessment of the target audience. However, in an outbreak situation, there may not be time to conduct KAP studies, surveys, etc.. A rapid risk perception analysis can be carried out based on informal intel (e.g. social media monitoring, media monitoring, questions coming in through hotlines, intel from the field) and more in-depth research conducted in the dengue low season.

In the time of emergencies and outbreaks, depending on the situation (national, regional, local), a combination of channels that can reach the population fast are the most recommended (TV, radio, social media). Existing networks should also be harnessed to conduct two-way community engagement. The authorities should coordinate with stakeholders to ensure messaging is consistent across departments, across ministries and across partners. The media cannot be avoided so periodic press releases and press conferences are advisable to provide updates on the situation, share information on the government's action response and call for action to mitigate the effects of the outbreak.

Target audience	Suggested channels
General public	Mass media (TV, radio) Loudspeakers in the community Banners Social media SMS messages or vía instant messaging services Infographics with key messages Community information sessions
Caregivers of young children	Video in the health centers and pharmacies (if there is a TV), Social media (Facebook)

	<p>Short video or messages sent via instant messaging services or SMS</p> <p>Reminders on dengue symptoms and warning signs and what to do</p> <p>School-based activities</p>
Local authorities/Community influencers	<p>Key messages sent via email, instant messaging services</p> <p>A website with information on dengue and the situation</p> <p>Community sessions</p> <p>Visits to the affected communities to reinforce dengue control and prevention activities</p>
Health care workers	<p>CNM Website: dengue control and clinical management materials; key messages for the patients, support IEC materials for the clinics.</p> <p>Dengue clinical management key messages reminders via Whatsapp and other social networks</p>
Media	<p>Press release</p> <p>Press conference</p> <p>Social media (e.g. sharing updated case counts)</p> <p>Q & A on MoH/ CNM Website</p>

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WHO, Communication for Behavioral Impact (COMBI): A toolkit for behavioral and social communication for outbreak response, 2012

WHO, Communicating Risk in Public health Emergencies: WHO Guideline for Emergency Risk Communication (ERC) Policy and Practice, 2018

List of resources

Risk Communication Resources

https://www.who.int/ihr/publications/risk_communications/en/

Strategic Communication Framework for effective communications

<https://www.who.int/mediacentre/communication-framework.pdf>

Social marketing resources

https://www.thensmc.com/sites/default/files/Big_pocket_guide_2011.pdf

Annex 1: DENGUE MESSAGES

Messages for inter-outbreak period

Vector control and preventive behavior

General information about dengue and its risk

Main message	Supporting messages
Dengue is the most rapidly emerging mosquito-borne disease with constant epidemic potential.	The global presence of the dengue virus has grown dramatically in the past decades.
	More than half of the world's population is at risk of getting sick.
	It is one of the major health problems throughout the tropical and subtropical regions of the world, especially in urban and semi-urban areas.
Dengue is a viral infection transmitted by a mosquito.	It is transmitted by the bite of infected female mosquitoes, predominantly <i>Aedes Aegypti</i> .
	The mosquito can carry the virus from infected people who, in the majority of the cases do not present any signs of illness.
	Dengue can occasionally develop into a potentially deadly complication called severe dengue
Because of the constant presence of <i>Aedes Aegypti</i> mosquito in our country, the dengue virus is endemic.	It is a household mosquito that lives near urbanized areas and can reproduce in any receptacle that contains water. Even a bottle cap contains enough water for the female mosquito to lay her eggs.
	The female mosquito is most active in the early morning (6-8 am) and around afternoon (3-8 pm), making these the periods of highest risk for bites: however, females that need to continue feeding will look for a source of blood at any time.

	Aedes Aegypti lays its eggs every 3- 4 days in different water containers, especially in the hidden holes, cracks and clefts, ensuring destruction of the offspring very difficult, even when all the water has been removed.
	An infected mosquito can lay eggs that already contain the dengue virus and will become an adult vector for the diseases. In that case, there is no need to bite the person first in order to transmit the virus.
Dengue is of major public health concern for Cambodia.	Dengue is one of the major causes of serious disease and death among children and adults in our country and our Region.
	There are four types of dengue virus. Being infected and recovered by one type does not provide immunity for the other types: subsequent infections by other serotypes can lead to severe dengue.
	The infection causes flu-like illness and can often be confused with other diseases that present similar onset of symptoms. As a result, diagnostics can be a challenge. Only laboratory testing can confirm the presence of the virus.
	Approximately 1 in 4 people who get infected by the dengue virus will present symptoms. However, they are the carriers of the dengue virus and can transmit it if bitten by a mosquito.
When infected with dengue virus, some people can show no symptoms while, for others, it can rapidly progress to severe disease or even death.	At the onset of the illness, high fever (40°C/104°F) is the most frequent symptom accompanied by at least two of the following: severe headache, pain behind eyes, sickness, vomiting, feeling weakness, muscle and joint pains, swollen glands or skin rash.
	Symptoms normally start 4–10 days after the bite from an infected mosquito and usually last for 2–7 days.

	If you or a loved one experiences previously mentioned symptoms, look for the medical attention in your health clinic.
	Dengue can only be confirmed by laboratory testing. Doctors at the health clinic will ask for specific laboratory tests.
If you or loved one experience the warning signs of severe dengue, go immediately to the hospital.	The warning signs of severe dengue occur 3–7 days after the first symptoms and are related to decrease in temperature (below 38°C/100°F) and include: severe stomach pain, persistent vomiting, fast breathing, bleeding gums, fatigue, restlessness and blood in vomit.
	When the warning signs are presented, the timing is critical. Go straight to the hospital.
	Infants and young children are the most vulnerable to complications of dengue. If a child younger than 18 months presents high fever in dengue areas, it is of ultimate importance to seek medical attention.
	It is recommended not to take any medicine before consulting with a doctor.
There is no specific treatment for dengue fever.	Mild cases will be treated at home for the relief of fever, headache, muscles and joints aches and pains with paracetamol, accompanied by plenty of rest and fluids.
	Severe cases need urgent hospitalization and specific medical treatment.
	Most patients will feel better after 10-14 days and will recover completely.

Actions to reduce the impact of dengue

<u>Main message</u>	<u>Supporting messages</u>
Reducing mosquito breeding sites is the most effective way to protect individuals and communities from dengue.	No mosquito equals no dengue.
	Preventing the mosquito from breeding and biting is the best protective measure.
	Spraying efforts are not sufficient to combat mosquitos.
Identifying, cleaning and destroying the mosquito breeding sites will help reduce dengue transmission in the community.	Everything that can collect water can be a potential breeding site for mosquito. Containers as small as bottle cap hold sufficient water for the mosquito to lay eggs.
	<p>In order to prevent mosquitos from breeding in the household and community:</p> <ul style="list-style-type: none"> • Clean your surrounding of all waste and garbage that can retain water • If there are tires on your property, check that there is no accumulated water inside. If possible, store tires in covered spaces. • At least once a week, change the water in the flower vases and pot plants dip trays or any other container that is filled with water. • Always keep water in covered containers, tanks, and drums with mosquito-proof cover. • All the water storage dishes and containers should be emptied, washed and scrubbed (especially the edges and the orifice) once a week to remove any mosquito eggs. • If there is a broken pipe or water leak in your surroundings, report to the authorities. (include, where possible, details on how this can be reported e.g. via phone number or website) • Drain roof gutters and assure the free flow of water.

	<ul style="list-style-type: none"> • Report mosquito breeding grounds in abandoned lots, public spaces, playgrounds, and workplaces. (include, where possible, details on how this can be reported) • Water in large storage containers (up to 300l) should be treated with larvicides in accordance with sanitary regulations to kill larvae and eggs. (Aedes mosquitos don't breed in tanks larger than 300l.) • Use screens for the windows and doors if possible. <p>It is not enough only to upturn the container and drain the water. Mosquitos can survive in empty and dry containers as long as 6 months. Once exposed to the water, the eggs hatch and the mosquito life cycle begins again.</p>
<p>By taking some simple protective measures, you can reduce the possibility of the mosquito bite.</p>	<p>Protect yourself by wearing clothes that cover as much of the body as possible, use of repellents and resting under bed nets if sick with dengue.</p> <p>Try to stay indoors, especially during early morning and afternoon hours when mosquitos are most active, if possible where there is air conditioning.</p>
<p>While taking care of a sick family member, take precautionary measures to protect the rest of the household from getting bitten by mosquitoes.</p>	<p>During the first week of infection, dengue virus is in the blood of the infected person: if a mosquito bites that person, the virus can be transmitted to other people around them.</p> <p>If there is a suspicion that a family member might be infected by dengue or is presenting symptoms, it is recommended that the person rests and sleeps under a bed net to protect the other household member from dengue.</p> <p>If you suspect or hear that a family member or neighbor is sick with dengue, reinforce your activities to eliminate breeding sites around your household.</p>

	Sick persons need to rest, take a lot of fluids and be treated for fever and pain. If they have a sudden change in temperature (very high or very low) and symptoms worsen, take them to the hospital immediately.
Spraying is not sufficient to destroy mosquitos.	While spraying can temporarily reduce the number of adult mosquitoes, insecticides do not kill the larvae and eggs. That's why it's also important to clean up the mosquito breeding sites.
	At the moment of spraying, it is useful to leave the windows and doors of your house open to permit droplets and mist to enter inside and kill adult mosquitos.
	Follow the authorities' instructions during spraying activities.

Dengue community engagement and awareness

<u>Main message</u>	<u>Supporting messages</u>
It is important to be informed about dengue and recognize the signs of possible infection.	Keep informed about the dengue situation in your country and community.
	Get acquainted with the symptoms and the warning signs of dengue: early detection and access to proper medical care are of great importance in preventing complications and fatalities.
	If you are traveling to parts of the country where there are dengue cases, follow the information provided by authorities and practice the recommended personal protection measures.
Everyone has a role to play in dengue prevention.	Get active and join your community in destroying mosquito breeding sites.

	Participate and encourage environmental clean-up, indoors and outdoors, to remove and reduce everything that can hold stagnant water in your household, your neighborhood, school, and workplace.
	Participate in community vector control activities and use and promote personal protection measures
Even though dengue outbreaks cannot be avoided, by performing sustained mosquito control measures, the scale, frequency, and impact of outbreaks can be significantly be reduced.	Dengue is a potentially lethal disease that can be prevented by cleaning up and eliminating breeding sites. These actions need to be done constantly, once a week, and sustainable to prevent outbreaks.
	Outbreak situations are huge economic and social burdens for affected communities, local authorities, health services and families that care for people who are sick.
	Preparing and planning ahead of dengue outbreaks can facilitate rapid action, save lives and reduce the burden of dengue.
Individuals, families, and communities are decision-makers about their health.	Living in a clean, organized and protected community brings a better quality of life and reduces the risk of many diseases, including dengue.
	Everyone – children and adults – can participate in the elimination of breeding sites. This is both the most effective and the most sustainable measure to protect against dengue.
	Engage with your neighbors and don't let dengue become a resident in your community.

Messages for outbreaks

Dengue situation

Main message	Supporting messages
The country/ province is currently experiencing dengue outbreak/ high number of dengue cases.	<p>MESSAGES TO BE DEVELOPED BY THE COUNTRY</p> <p>What is happening?</p> <ul style="list-style-type: none"> • Where is the outbreak occurring? • What are the current case numbers? If not know, it needs to be said. • What is still not known or what information is still missing? <p>When will be more information available?</p>
	<p>The health authorities understand the concern (of the population of affected areas) and are working to mitigate the situation. (Explain what actions are been undertaken by the health authorities)</p>
	<p>Stay informed and follow the (MoH website, local media, social media....) for updates.</p>
Dengue is a viral infection transmitted by a mosquito.	<p>It is transmitted by the bite of infected female mosquitoes, predominantly Aedes Aegypti.</p>
	<p>The mosquito can carry the virus from infected people who, in the majority of the cases do not present any signs of illness.</p>
	<p>Dengue can occasionally develop into a potentially lethal complication called severe dengue.</p>
Symptoms of dengue vary widely. Some people can show no symptoms while,	At the onset of the illness, high fever (40°C/104°F) is the most frequent symptom accompanied by at least two of the following: severe headache, pain behind

for others, it can cause severe disease or even death.	eyes, sickness, vomiting, feeling weakness, muscle and joint pains, swollen glands or skin rash.
	Symptoms normally start 4–10 days after the bite from an infected mosquito and usually last for 2–7 days.
	If you or a loved one experiences previously mentioned symptoms, visit your health clinic for medical attention.
	Dengue can only be confirmed by laboratory testing. If you experience dengue-like symptoms, ask the doctor to be tested for the disease.
Watch out for the warning signs. If you or loved one experience the warning signs of severe dengue, go immediately to the hospital.	Warning signs of severe dengue occur 3–7 days after the first symptoms and are related to decrease in temperature (below 38°C/100°F) and include: severe stomach pain, persistent vomiting, fast breathing, bleeding gums, fatigue, restlessness and blood in vomit.
	The first 24-48 hours are critical. If the warning signs are present, go immediately to the hospital. Urgent medical care is needed to prevent complications and possible death.
	Infants and young children are the most vulnerable to complications of dengue.
There is no specific treatment for dengue fever.	Mild cases will be treated at home with paracetamol for the relief of fever, headache, muscles, and joints aches and pains, accompanied by plenty of rest and constant drinking of fluids.
	People sick with dengue should use repellents, and rest/sleep under the bed nets to prevent other members of their household from being infected.

Reducing the impact of dengue with applying protective behaviors

<u>Main message</u>	<u>Supporting messages</u>
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Reducing mosquito breeding sites is the most effective way to protect individuals and communities from dengue.	No mosquito equals no dengue.
	Preventing the mosquito from breeding and biting is the best protective measure.
Identifying, cleaning and destroying the mosquito breeding sites will help reduce dengue transmission in the community.	Everything that can collect water can be a potential breeding site for mosquito. Containers as small as bottle cap hold sufficient water for the mosquito to lay eggs.
	<p>In order to prevent mosquitos from breeding in the household and community:</p> <ul style="list-style-type: none"> • Clean your surrounding of all waste and garbage that can retain water • If there are tires on your property, check that there is no accumulated water inside. If possible, store tires in covered spaces. • At least once a week, change the water in the flower vases and pot plants dip trays or any other container that is filled with water. • Always keep water in covered containers, tanks, and drums with mosquito-proof cover. • All the water storage dishes and containers should be emptied, washed and scrubbed (especially the edges and the orifice) once a week to remove any mosquito eggs. • If there is a broken pipe or water leak in your surroundings, report to the authorities. (include, where possible, details on how this can be reported e.g. via phone number or website) • Drain roof gutters and assure the free flow of water. • Report mosquito breeding grounds in abandoned lots, public spaces, playgrounds, and workplaces. (include, where possible, details on how this can be reported) • Water in large storage containers (up to 300l) should be treated with larvicides in accordance with sanitary regulations to kill larvae and eggs.

	(Aedes mosquitos don't breed in tanks larger than 300l.)
	It is not enough only to upturn the container and drain the water. Mosquitos can survive in empty and dry containers as long as 6 months. Once exposed to the water, the eggs hatch and the mosquito life cycle begins again.
By taking some simple self-protective measures, you can reduce the possibility of the mosquito bite and get sick with dengue.	Protect yourself by wearing clothes that cover as much of the body as possible and use insect repellents.
	Try to stay indoors, especially during early morning and afternoon hours when mosquitos are most active, if possible where there is air conditioning.
While taking care of a sick family member, take precautionary measures to protect the rest of the household members from getting bitten by mosquitoes.	During the first week of infection, dengue virus is in the blood of the infected person: if a mosquito bites that person, the virus can be transmitted to other people around them.
	If there is a suspicion that a family member might be infected by dengue or is presenting symptoms, it is recommended that the person rests and sleeps under a bed net to protect the other household member from dengue.
	If you suspect or hear that a family member or neighbor is sick with dengue, reinforce your activities to eliminate breeding sites around your household and always use repellent while cleaning.
Spraying is not sufficient to destroy mosquitos.	Spraying can only temporarily reduce the number of adult mosquitos but will not kill the larva.
	At the moment of spraying, it is useful to leave the windows and doors of your house open to permit

	droplets and mist to enter inside and kill adult mosquitos.
	Follow the authorities' instructions during spraying activities.

Community awareness and mobilization

<u>Main message</u>	<u>Supporting messages</u>
It is important to be informed about dengue and recognize the signs of possible infection.	Stay informed about dengue situation in your country and community
	Get acquainted with the symptoms and warning signs of dengue: early detection and access to proper medical care are of great importance to prevent complications and fatalities.
	Remember, if you present warning signs of severe dengue go straight to the hospital. Timely medical attention can save lives.
Everyone has a role in mosquito bites prevention.	Participate in community vector control activities and use and promote personal protection measures.
	Encourage and participate in environmental clean-up activities, indoors and outdoors, to remove and reduce everything that can collect water in your household, your neighborhood, school, and workplace.

Outbreak is over

<u>Main message</u>	<u>Supporting messages</u>
	We would like to thank the population for active participation in responding to this outbreak. However,

<p>We are experiencing fewer cases of dengue, health authorities will continue with dengue surveillance.</p> <p>(Messages will depend on countries' following steps)</p>	<p>the mosquito lives among us, and we must continue to work together to prevent this deadly disease.</p>
	<p>The Ministry of Health will remain on constant alert, conducting surveillance systems and strengthening response capacity at national, community and local level</p>
	<p>We are constantly reinforcing capacities at health centers and hospitals for adequate dengue management in order to prevent complications and deaths.</p>
	<p>We will continue to empower communities to be better prepared for future health emergencies and dengue outbreaks.</p>
<p>Even though dengue outbreaks cannot be avoided, by performing sustained mosquito control measures, the scale, frequency, and impact of outbreaks can significantly be reduced.</p>	<p>Dengue is a potentially deadly disease that can be prevented by eliminating breeding sites and keeping the environment clean. This needs to be constant and sustainable to prevent large and frequent outbreaks.</p>
	<p>Outbreaks situations are a huge economic and social burden for the communities, local authorities, health services and families that care for sick people.</p>
	<p>Continuously performing dengue prevention measures to diminish the mosquito population and the transmission of the disease but also seeking of early medical attention in case of dengue symptoms and warning signs, can save lives and reduce the burden on the families and society</p>

Messages for health care workers

Health workers are the first responders in the case of an outbreak and need to be prepared to react efficiently and manage a higher number of cases with one common objective – to save lives.

At the same time, the community generally trust health care workers and listen to what they say. By communicating effectively, health workers can achieve a higher level of awareness and knowledge that lead to the behavioral change necessary to prevent mosquito-borne diseases, save lives and lower the burden they have on households, the workforce, and overall community.

Their messages should be used in the outbreak preparedness and planning stage, as part of health education for doctors and nurses, and should be adapted based on the local context and knowledge, attitude and practices of the local community. These messages need to be updated based on the situations during outbreaks and clinical management necessities in order to prevent mortality and lessen the impact of the disease.

Dengue Management Risk Communication

I Dengue infection has a wide range of outcomes. Approximately only 1-2 people out of 10 infected will present symptoms and of those, 50% can develop the warning signs. If not managed early and properly in the hospital, they can die of severe dengue.

- Suspected dengue: High fever for 1-3 days (40°C/100°F) with at least two of the following:
 - Severe headache
 - Pain behind the eyes
 - Muscles and joints pain
 - Nausea and vomiting
 - Skin rash
- Pay attention to young children, pregnant woman, and patients with co-existing conditions chronic diseases
- Check vital signs (heart rate, blood pressure pulse pressure, respiratory rate)
- Do tourniquet test (more/equal 10 petiquies)
- **In order to anticipate possible complications of dengue**, send for laboratory testing: CBC and dengue specific NS1 (<4 days of fever) and IgM/ IgG antibodies (more than 4 days)
- If the patient is a child, additional symptoms may be presented including irritability, agitation, and restlessness accompanied by a refusal to eat and/or vomiting

- A full blood count on the 3rd day of onset of fever is also useful as patients often present leukopenia and/or thrombocytopenia. Hematocrit should be monitored: in patients that might be developing severe dengue, it can be 20% higher than normal.
- Most patients will feel better after 10-14 days and completely recover.

IV Advise your patients about the following warning signs:

- Immediately seek medical attention if, 3 -7 days after first symptoms appear, the patient is feeling worse with a setting of fever, severe abdominal pain, persisting vomiting, cold and sweaty feet and hands, bleeding (vaginal, gums, nose, etc.), fatigue, restlessness and no urination for 4-6 hours.
- Explain that the first 24-48 hours after these warning signs are exhibited, are absolutely critical. Urgent medical care is needed to prevent complications and possible death.
- If the patient is an infant or a small child, advice the caregiver to be very vigilant about any change in condition and to take the child immediately to the hospital if any of the warning signs are presented or their fever has not reduced after 48 hours.

V Dengue treatment:

- There is no specific treatment for dengue.
- Stress the importance of not using medicines that are not prescribed by a doctor and use of repellent.
- Prescribe acetaminophen or paracetamol for fever, headache, aches, and pains.
- Advise plenty of rest and constant hydration with ORS, water, coconut juice, soup, etc. by spoon or by small sips as much as possible.
- Explain that dengue does not spread directly from person to person. However, to protect the rest of the household, explain that the virus lives in patients' blood from the day before fever until up to 12 days after. Another mosquito bite could give the virus to another mosquito, which could go on to infect other members of the family. It is, therefore important to avoid mosquito bites by using insect repellent and coils or plug-in mosquito repellent devices inside the household.
 - The patient should sleep and rest under the bed net. If possible, it is best to stay inside throughout the day, preferably in an air-conditioned room.

VI Remind all of your patients to:

- Remove all breeding sites around and inside the home and workplace. While doing that, always use the repellent.

- Explain that dengue-carrying mosquitoes can breed in even the smallest water container or pieces of garbage that can contain water (like bottle caps).
- If the household needs to collect water, recommend that all water containers be covered (with mosquito proof covers, if possible), to change the water every week and wash and scrub the containers as mosquito eggs can be hidden in cracks and any imperfection of the containers. Eggs can survive up to six months in empty and dry buckets but once in contact with water, they start their life cycle again.
- Wear light-colored clothing that covers most of the body and use mosquito repellent.
- Follow the advice provided by health authorities.

Dengue messages for caregivers of infants and young children

- Dengue is a mosquito-transmitted viral disease that sometimes can develop in serious illness that can be deadly.
- Dengue carrier is a domestic mosquito that lives near households and can reproduce in any receptacle that contains water, even the smallest, like bottle caps. However, bigger the container, more mosquitos can lay eggs.
- An infected mosquito can lay eggs that already contain the dengue virus and will become adult vectors for the disease.
- If beaten by a mosquito, not everyone will get sick but still can be a reservoir for the dengue virus.
- The virus is not spread directly from person to person.

If you live in a location where dengue is present, be aware that:

- In most of the cases, dengue will not show any or just very mild symptoms in children that are infected.
- Symptoms usually start 4 – 10 days after the mosquito bite but may be difficult to recognize, as they resemble other common infections.
- Common dengue symptoms that caregivers can recognize are when a child:
 - has a high fever, possibly as high as 105°F (40°C) for 3 to 7 days
 - is irritable, overly agitated or sleepy
 - refuses to eat and present vomiting
 - tells that her/ his body and headaches (if a child is old enough to communicate verbally)
 - presents rash over most of the body and
 - sometimes mild bleeding from the nose or gums
- If your child, especially if under 2 years of age, presents high fever, it is important to contact your doctor as soon as possible
- To be sure if the child has dengue, the doctor will ask for additional blood tests. Those tests are reliable and affordable.
- If your child presents high fever (38°C or 100.4°F, or higher) or low temperature (less than 36°C or 96.8°F), it's very irritable, feels sick, vomits, doesn't urinate for more than 4 hours, has pail, cold skin, belly pain and sometimes difficulty breathing are indications that medical attention is urgent. Don't wait, go directly to the hospital.
- There is no specific treatment for dengue.
- The doctor will prescribe medicine to control fever and body discomfort. Do not treat the child with any medicine until previously consulted with your doctor.
- Continue breastfeeding if you are nursing.
- Make sure your child is taking plenty of water to drink to prevent dehydration.

ANNEX 2: DENGUE HEALTH EDUCATION AND RISK COMMUNICATION PLAN 2019 – 2020

1. Strengthening risk communication activities for early diagnosis and clinical management (dengue management communication)

Responds to Objective 1.4 from National Action Plan: Develop capacities of medical professionals and support staff (public/ private and university)

Activity	Sub-activity	Indicator	Response- sibility	Timeline
Dengue health education & risk communication capacity building	Training on the provincial level for primary health clinics staff/ general practitioners and nurses	No. of trainings conducted No. of doctors trained	CNM/NDCP Clinical Subcommittee WHO	October – November 2019
Develop specific ICE material for general practitioners	Design, production, and distribution of specific communications material	No. of health clinics with material	CNM/NCDP CDC Clinical Subcommittee WHO	1 st Q 2020
	Development of additional link on CNM and CDC	Monthly access and download of	CDC CNM/NDCP	1 st Q 2020

	website with IEC materials for health professionals	the materials from the microsite		
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2. Establish communication coordination mechanism with other partners and stakeholders

Responds to Objective 4.2 from National Action Plan: Establish an intersectoral coordination mechanism to address issues related to dengue control

Activity	Sub-activity	Indicator	Responsibility	Timeline
Establish inter-sectoral communications working group	Communication focal point identified	List of members of the communications committee	CNM/NCDP	1 st Q 2020
	Meetings of the working group to review and agree on communications strategy	Assistance to the three annual meetings	CNM/NCDP	Permanent
Develop advocacy material to strengthen and negotiate commitment and support beyond the health sector	Development of specific advocacy material for stakeholders, donors, and partners	Specific advocacy material developed	CNM/NCDP CDC WHO	The first half of 2020

3. Develop comprehensive risk communication and community engagement strategy for early dengue detection, timely medical attention-seeking and sustainable environmental cleanliness according to defined target groups

Responds to Objective 4.6 from National Action Plan: Develop IEC/BCC package on early healthcare seeking, prevention, and control

Activity	Sub-activity	Indicator	Responsibility	Timeline
Conduct formative research on risk perception	Conduct KAP study or focus groups in most affected communities	No. of persons participated in the survey No. of focus groups conducted	CNM/NCDP CDC Partners District and subdistrict PH staff	The first semester of 2020
Strengthen community engagement activities for Dengue Day	Organize community activities in schools, health centers, workplaces, neighborhoods	No. of schools, health centers, wats, businesses, etc. that participated in DD activities	CNM/NDCP Development partners District and subdistrict PH staff	Dengue Day 2020
	Involve local authorities, religious leaders and community influencers in organization and	No. of meetings conducted List of participants	CNM/NDCP District and subdistrict PH staff	February to June 2020

Develop specific IEC materials according to the target audience	implementation of Dengue Day activities			
	Design, testing, production, the definition of appropriate channels and distribution of specific communications material	No. of materials produced by the target audience	CNM/NCDP/ HE CDC WHO Development partners	Ongoing
Conduct media workshop biannually	Development of Dengue Microsite on CNM and CDC website with ICE materials for target groups	Monthly access and download of the materials from the microsite	CNM/NDCP CDC	Ongoing
	Organize media session about dengue	List of participants	CNM/NDCP	1 st Q 2020
	Provide press release on outgoing dengue situation	The press release with updated information	CNM/NDCP CDC	When needed
Conduct community-based health education and risk communication	Sharing the dengue key messages and risk communications at the community levels	Directly disseminate the messages in the community (high endemic villages, pagodas, workplaces,	CNM/NDCP	Before and during the dengue high season (May-September)

		factories, and schools)		
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4. Develop dengue risk communication and community empowerment strategy for dengue outbreak preparedness and response

Activity	Sub-activity	Indicator	Responsibility	Timeline
Develop Risk Communication and Health Education Strategy for Dengue	Elaborate the document	The strategy developed and endorsed	WHO CNM/NDCP	September - November 2019
	Share the strategy with stakeholders	List of the participants for stakeholders meeting	CNM/NDCP	November 2019
	Risk Communication training for national and provincial dengue managers	% of dengue managers trained from all 25 provinces	WHO CNM/NDCP	November 2019
Coordination of the communication mechanisms during outbreaks	Sharing of key messages during an outbreak with the intersectoral communications group	A mechanism for messages sharing established	CNM/NDCP CDC	Ongoing

	Monitoring of dissemination of messages on other sectors communications platforms	Social media indicators Web site access	CDC CNM/NDCP	Ongoing
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ANNEX 3: DENGUE COMMUNICATION CHECKLIST

During the interepidemic period/ Before an outbreak occurs:

- ☐ Formative research conducted - (e.g. knowledge, attitudes and practices (KAP) surveys or focus group discussions) to understand existing community perceptions and behaviors related to dengue.
- ☐ Dengue Health Education and Risk Communication Strategy and Plan are shared and adopted by all stakeholders
- ☐ NDCC managers on the national and provincial level and mayor stakeholders trained in risk communication and health education for dengue
- ☐ Coordination mechanisms are in place: The MoH lead area is established, relevant government and development partners have been identified and there are SOPs to coordinate risk communication activities in case of an outbreak
- ☐ Spokesperson(s) identified and trained
- ☐ Community engagement networks established – Community level leaders and influencers have been educated about dengue and community engagement strategies in order to spread the message on dengue control and prevention or help mitigate the outbreak if necessary
- ☐ Health Education/ Risk Communication technical officer (liaison) from NDCC is present at CNM/ NDCC and NDCC meetings
- ☐ Key messages and materials developed that can be used at the interepidemic stage and at during the outbreaks
- ☐ Clearance procedure for the sharing of information agreed

During the outbreaks:

- ☐ Risk communication responsible person is assisting emergency committee sessions
- ☐ Key messages updated (if needed) and talking points for the spokesperson elaborated
- ☐ Spokesperson briefed and prepared

- ☐ Clearance process in place – information is been cleared efficiently and in a timely manner
- ☐ Press release emitted / press conference held with health authorities to announce early the situation and prevent rumors and misinformation - sharing the information on what is known and what is unknown as well and what has currently been done to mitigate the disease
- ☐ Share the information to the partners through previously established channels and mechanism and coordinate the dissemination of the information
- ☐ The mechanism in place to collect intel from the community, including media monitoring (social media included) in order to conduct rapid risk perception analysis – communication tactics and messages adapted according to the assessment
- ☐ Institutional Website daily/ weekly updates on the situation and key messages
- ☐ Early contact with the media (early announcement)
- ☐ Constant communication through multiple channels with the affected population, the general public, stakeholders and partners