

VIRAL MA

The selling of the flu

This “recipe,” outlined in a PowerPoint presentation, is the U.S. government’s public-relations strategy for selling Americans on flu shots. At the 2004 National Influenza Vaccine Summit, Glen Nowak of the Centers for Disease Control and Prevention (CDC) used these slides to explain how certain messages generate buzz and drive demand. Indeed, the influenza virus has spawned a national industry of late, with President Bush himself asking Congress to fund a \$7.1 billion flu “preparedness plan.” But in the CDC’s aggressive marketing of the shots, the agency has employed dubious statistics and questionable methods, leaving Americans less equipped than ever to gauge the threat rationally. The recipe, as Nowak revealed, relies on creating “concern, anxiety, and worry”—its main ingredient, in other words, is fear.

Government officials and health experts following the recipe are instructed here to “predict dire outcomes.” From a 2002 focus group, the CDC determined that death statistics in its flu-prevention literature were “eye catching and motivating.” Participants in the study believed “20,000 deaths was compelling, frightening” and “should be part of the headline.” In 2003, the agency began announcing that the number of Americans killed each year by flu had surged to 36,000, an 80 percent increase that is now widely reported. Among all flu-prevention messages in the news during the week of 9/21/03, according to Nowak’s presentation, “Flu kills 36,000 per year” appeared second most often, just behind “Doctors recommend/urge flu shot.” But the 36,000 figure is actually a measure of “flu-associated” fatalities—almost exclusively among the elderly and infirm, whose deaths from other illnesses the CDC thinks might not have occurred without the flu. Records show that only 1,400 deaths a year are attributed to flu.

Another way to “motivate behavior,” the recipe notes here, is to describe a flu season as “very severe,” “more severe” than previous years, and “deadly”—all terms that had been used to frame the 2003–2004 threat. Yet that winter’s flu was later ruled typical and “medium in terms of overall impact.” The CDC’s mortality figures, also presented as fact, are similarly misleading. Although many health experts contend that flu is a significant cause of wintertime mortality, other scientists argue that its role in these deaths is minor. This uncertainty can be seen on the government’s list of the leading causes of death: at seventh place, with 65,681 annual fatalities, is “influenza and pneumonia.” When separated out, however, flu is credited with fewer than 750 of the total. The CDC claims that more virulent flu strains and a growing elderly population led to the recent sharp climb in flu-associated deaths, but this too is suspect. These factors did not cause a corresponding rise in recorded flu deaths, which actually fell 30 percent.

“Recipe” that Fosters Higher Interest and Demand for Influenza Vaccine (1)

1. Influenza’s arrival coincides with immunization “season” (i.e., when people can take action)
2. Dominant strain and/or initial cases of disease are
 - Associated with severe illness and/or outcomes
 - Occur among people for whom influenza is not generally perceived to cause serious complications (e.g., children, healthy adults, healthy seniors)
 - In cities and communities with significant media outlets (e.g., daily newspapers, major TV stations)

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“Recipe” that Fosters Influenza Vaccine Interest and Demand (2)

3. Medical experts and public health authorities publicly (e.g., via media) state concern and alarm (and predict dire outcomes)—and urge influenza vaccination.
4. The combination of ‘2’ and ‘3’ result in:
 - A. Significant media interest and attention
 - B. Framing of the flu season in terms that motivate behavior (e.g., as “very severe,” “more severe than last or past years,” “deadly”)

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MARKETING

Vaccine, by Peter Doshi

The CDC believes anything that encourages more people to get flu shots—even, as suggested in this step, spreading the notion that all of us could be in serious danger—will result in fewer deaths. But the efficacy of the flu vaccine is itself uncertain. Each year hundreds of clinically indistinguishable illnesses are diagnosed as flu, yet CDC records show that the influenza virus causes only an eighth of these. It turns out that even the best shots have no effect on at least half the illnesses thought to be flu. Several recent studies have also called into question the fundamental justification for expanded vaccination. After looking at more than three decades of data, scientists at the National Institutes of Health last year concluded, “We could not correlate increasing vaccination coverage after 1980 with declining mortality rates in any age group.” And because flu shots contain some level of toxic mercury, there is concern that for some the vaccine might do more harm than good.

Here the recipe emphasizes that the public must be made to grasp the “seriousness of the illness.” When 50 million doses of vaccine suddenly became unavailable in 2004, Americans understandably panicked. Health centers were inundated with worried flu-shot seekers, price gouging was reported, and medical experts predicted a public-health “catastrophe.” The CDC, with its knowledge of P.R., downgraded its scary portrayal of the flu to “an annoying illness” from which most people “will recover just fine.” It stressed the protective benefits of regular hand washing. And once the alleged crisis abated, the agency returned to its strident communications plan. By the next fall, the CDC director was publicly stating that the flu is not “a benign illness. Many people don’t appreciate that it can result in hospitalization, various complications. For about 36,000 people every year, death.”

Demand for vaccine is up this year, a trend the CDC attributes in part to its repeated warnings about pandemic influenza. Such accounts of a looming plague are themselves perennial. In 1976 U.S. officials initiated a plan to vaccinate “every man, woman, and child” for an imminent pandemic of “swine flu.” Yet a year later, swine flu had killed at most one person, whereas the vaccine is believed to have caused a debilitating illness. Alan Hinman, former director of the U.S. immunization program, drew what is exactly the wrong lesson from this fiasco: “that expansion to pandemic-level vaccination of the entire population would be much easier if there was an effective, stable, ongoing [flu] vaccination program.” In this season’s pandemic scare, Congress has responded to Bush’s call by passing a bill that allows the government to confer blanket immunity from liability on makers of vaccines. As the wages of fear accrue to pharmaceutical companies, Americans are made into a captive market for vaccines of questionable worth. ■

“Recipe” that Fosters Influenza Vaccine Interest and Demand (3)

5. Continued reports (e.g., from health officials and media) that influenza is causing severe illness and/or affecting lots of people—helping foster the perception that many people are susceptible to a bad case of influenza.
 6. Visible/tangible examples of the seriousness of the illness (e.g., pictures of children, families of those affected coming forward) and people getting vaccinated (the first to motivate, the latter to reinforce)
- References to, and discussions, of pandemic influenza—along with continued reference to the importance of vaccination.

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