

**Client department:** Department of Health  
**Campaign Timing:** Feb 2009- Dec 2009  
**COI contact:** [REDACTED]  
**Date:** 07/01/2009

COI, on behalf of Department of Health, invites recipients of this brief to tender for the supply of PR services to form part of a campaign for the MMR vaccine from February 2008.

The contract is for the period Jan 2009 until 31 March 2010. The contract is subject to COI's standard terms and conditions.

**Competing agencies are expected to respect the confidential and sensitive information contained in this brief. It may not be divulged to the general public or the media. The invitation to tender is also not to be communicated to the media.**

**Agencies must notify COI immediately of any potential conflicts of interest, specifically if agencies or their affiliates have any connections with manufacturers of the MMR vaccine (or single antigens).**

## 1. Background

### a. Policy background

#### MMR vaccine

The MMR vaccine protects against Measles, Mumps and Rubella (German measles). The first dose is given to a child soon after their first birthday and the second dose is given at three years and four months (see Annex 1 for complete childhood immunisation schedule).

#### MMR vaccine uptake

We are seeing increasing numbers of confirmed measles and outbreaks occurring around the country and there is now a real risk of an epidemic. In 2007 there were 990 cases reported (the highest since surveillance started in 1995) and up to end October 2008 there were already 1,050 confirmed cases for 2008 (see Annex 2, Chart 1). The age group most affected by measles is primary school children (see Annex 2, Chart 2). The highest rates are in unvaccinated children, followed by those children who have only had one dose of MMR.

The risk of an outbreak is greatest in London, mainly due to lower immunisation coverage, but measles cases have been reported in many parts of the country (see Annex 2, Chart 3 for 2007/08 breakdown).

Prior to measles vaccine being introduced in 1965 there were about 100 deaths per year. Since the introduction of the measles vaccine, cases and deaths from measles have reduced dramatically (see Annex 2, Chart 4).

The target uptake rate needed for herd immunity is 95% – this will help ensure the entire population is protected from the disease. Since 1998, there has been a decline in the numbers of people having the MMR vaccine. 92% of babies aged 24 months had their first dose MMR in 1992 which since fell to 79%, but currently stands at 83% (see Annex 1, Chart 5). First dose coverage for children aged 5 has also fallen from

94% to the current level of 87.7%. Current figures show that only 75.2% of 5 year-olds have had two doses of MMR. There are currently around 70,000 completely unvaccinated schoolchildren going to school each year. Uptake rates vary across the country, where London PCTs fall behind the rest of the country (see Annex 1, Chart 5 & see PCT uptake figures).

A CMO letter and supporting guidance was issued to PCT's in August 2008 on what actions should be taken to improve MMR uptake in their area. An information leaflet (*MEASLES. Don't let your child catch it*), Q&A and surgery poster have been produced and are currently being used by PCT's to communicate with parents in their local area (see Annex).

There may well already be communications campaigns in operation across England at local PCT level. London PCTs have joined together and additional funding has been granted for a London-wide campaign.

Media interest is increasing but journalists are giving very little credibility to the MMR and autism stories of the past. There have been some calls for single vaccines to be made available but these have been limited compared to the past.

## **b. Research findings**

### **Parents tracking research 2007**

Despite a decline in publicity, MMR remains the top of mind immunisation, although over the last few years this is continuing to decrease. Spontaneous awareness now stands at 75% (the highest spontaneous awareness for other vaccines stands at 50%). After prompting, awareness of the MMR vaccine remains stable and almost universal at 96% (the highest prompted awareness figure for other vaccines stands at 73%).

MMR is still seen as the least safe immunisation - 73% think it completely safe or just a slight risk, and within this 38% consider it completely safe. These safety perceptions have been stable over recent years. The diseases it protects against are seen as amongst the least severe when compared to other vaccine-preventable diseases (42% of those interviewed considered rubella 'very serious', 28% for measles and 27% for mumps). MMR remains the vaccination most likely to be refused or delayed indefinitely.

Only 7% of parents had delayed indefinitely or refused an immunisation. The health of the child can also be a reason for delaying indefinitely or refusing, although parents in this situation also have a broader range of concerns, such as safety, autism and family medical history. For future refusals, trust is an issue, as well as concerns about side effects and autism. In total, 12% of parents had either refused or delayed indefinitely or would refuse some immunisation.

The long-term trend of an increasing number of parents automatically having their children immunised continues (now up to 73% compared to 54% in 2003). It's possible that, as fewer scare stories appear in the press, the decision over whether to immunise has become easier. This leaves around a quarter of parents who weigh up the pros and cons of at least one immunisation before deciding whether to immunise their child. Weighing up the pros and cons remains very much MMR led (see Annex 2, Chart 6), but there are increasing proportions mentioning other vaccines. It may be that as this group shrinks in size, it leaves just a core of parents who have a greater tendency to be concerned about everything. Older and ABC1 parents remain more likely to weigh up the pros and cons (see Annex 2, Chart 7). Issues taken into consideration when weighing up the pros and cons of immunisation vary, but there have been significant increases in the number of parents mentioning risk of side effects / safety of immunisations and in those considering the benefits of immunisations (see Annex 2, Chart 8).

Overall levels of trust in the information provided by health professionals and the NHS are high, and have even slightly increased compared to 2006; trust in Health professionals now stands at 89%, with the NHS slightly behind at 84%. The government and particularly the media are much less trusted sources of information; 53% trusting the government and only 22% trusting the media.

## 2. Communications Strategy

A high profile advertising campaign would not be the right way forward at this stage. It may run the risk of bringing the controversy and debate back into the headlines - igniting a media debate and giving further voice to those opposed to MMR. From research and past experience we know that one of the best strategies for reassuring parents is to keep MMR out of the headlines.

Our strategy is to use the following channels:

- **PR campaign**

A strong features-led approach is anticipated. The PR mix may include the recruitment of media doctors to publicly support MMR and warn of the potential dangers of measles. Parenting and other influential titles would be briefed and encouraged to run supportive features.

- **Media partnership**

With suitable media publishers using a combination of women's titles and possibly a national newspaper title, which would help to build cover (this approach worked well for the HPV campaign). Such partnerships enables messages to go beyond the advertisement or advertorial with the opportunity to achieve a powerful presence and the endorsement of the publisher.

- **On line**

Websites are often the forum for heated debate on immunisation and in particular MMR – so let us take our messages to the debate. Working with i-level to book appropriate media space, a combination of paid search and advertorials on sites such as AOL and netmums would be used.

- **Radio marketing (COI)**

A piece on MMR may be put together and marketed to commercial and BBC radio stations.

There will be no communications planning agency involved on this campaign. The work will be co-ordinated through COI.

## 3. Objectives

Our objective is to increase the vaccine uptake rates of both first and second doses of MMR vaccine.

What do we want to say:

- Measles is serious and highly infectious – if your child hasn't had his/her first and/or second doses of MMR it is important to have it – please contact your local surgery.
- If you're not sure how many doses your child has had - please check with your local surgery

## 4. Target audiences

The first priority will be targeting parents of children aged between 13 months and 18 years who have not had any MMR vaccine.

Secondary priority groups will be people who have been partially immunised:

- Parents of children aged 3 years 7 months to 11 years
- Parents of children aged 12- 18 years (school year 8 to 13)
- 16 – 18 year olds

## 5. Requirements for this tender

The successful agency would be required to;

- package and deliver key messages to key media contacts ensuring consumer coverage
- source case studies / spokespeople where appropriate
- to manage media partnerships
- To provide editorial support for online features.

We would also welcome proposals for a stakeholder programme as part of your response to this brief. The agency will need to maintain national visibility for the campaign throughout 2008. PR activity should begin in Feb so the successful agency will need to demonstrate how they will build and sustain the campaign over time. The aim is to create a 'halo effect' communicating key information nationally, which will complement any other activity taking place at the local PCT level.

However, the agency will also be required to be aware of activity planned at local level and make sure that our national campaign supports and does not conflict with local arrangements (eg. key messages and branding). This may involve engaging with comms leads at the PCT level (particularly with the team delivering the London-wide comms). The agency will also be required to provide guidance and help to PCT comms leads that can be adapted for use at local level – which will help ensure consistent messaging across England.

The appointed agency will be required to maximise free media. We are looking for proposals for PR activity that will generate maximum editorial coverage of the campaign messages in relevant national, local, consumer and specialist media. The activity should include media relations but could also include other strategies and channels.

The PR programme should help neutralise any potential concerns among the target audience that may be fuelled by the media.

The PR solution should bear in mind that there are existing materials already in the field (see Annex 3) and existing information on the MMR website where parents will be directed to (currently in development - [www.immunisation.nhs.uk/Vaccines/MMR/Resources/MMR\\_catchup\\_programme](http://www.immunisation.nhs.uk/Vaccines/MMR/Resources/MMR_catchup_programme)). The agency may also be asked to feed into the development of the immunisation website to ensure appropriate fit to wider campaign.

Media buying for digital channels and media partnerships will be handled through COI's Channel Integration Management team. The PR agency will be required to manage relationships and provide content for these opportunities.

## PR brief

The successful agency will need to work with counterparts in the DH Media Centre.

Please note – ideally the campaign should cover England only, however it should not exclude those publications that have UK-wide coverage. DH will manage relationships with the Wales, Scotland and Northern Ireland, ensuring they are aware of coverage that may cross borders.

### 6. Stakeholders

It will be important to engage with a wide range of stakeholders, both internal and external, to ensure the most effective delivery of the programme. Contacts have already been established throughout relevant government departments and with other national and international colleagues.

An immunisation co-ordinators conference was held on the 16th November 2008 and a second conference will be held on 10<sup>th</sup> Feb 2009. An announcement was made at the last conference that this campaign would begin early next year. Information materials are available for individual PCTs to order through DH's system 'Prolog' (includes the 'Don't let your child catch it' leaflet and poster). Approximately 500,000 leaflets have been delivered to PCTs since July 2008.

### 7. Key messages

#### Primary messages

- The numbers of measles cases in England are rising and outbreaks are occurring.
- Measles is serious. It can lead to pneumonia and encephalitis (inflammation of the brain) and it can kill.
- Measles is very infectious.
- The most effective way to protect children against measles is to immunise them with the MMR vaccine.

#### Supporting messages

- The risk of measles is greatest in children who have received no MMR vaccine.
- The safest way to prevent measles is to be fully vaccinated with MMR vaccine.
- Your child should have two doses of the MMR vaccine, the first at 13 months and again at three years and four months.
- MMR vaccine also protects against mumps and rubella.
- It's never too late to have the MMR vaccine.

## 8. Budget

Between £300,000 and £400,000 (to include media partnerships and COI fees)

## 9. Timings

The activity should start in February 2009 and run until 31 March 2010.

These timings are still subject to confirmation.

The PR contract will run from February 2009 to 31<sup>st</sup> March 2010.

## 10. Evaluation

The PR activity will be evaluated by an independent media coverage evaluation agency.

Evaluation measures will be agreed mutually on appointment and should include both hard and soft measures, such as number of mentions of key messages, tone of article, reach among target audience, whether supportive quote/spokesperson endorsement is included etc. Please consider alternative evaluation measures for all elements of your proposals. The agency will be expected to collect press cuttings and broadcast tapes for evaluation purposes.

PCT vaccine uptake figures are recorded on a monthly basis and these will feed into the evaluation of the campaign.

## 11. Other Considerations

Please confirm that all information will be treated as confidential and that you will not disclose any commercially sensitive information to any third party. **Please notify COI immediately of any potential conflicts of interest.**

Sanofi Pasteur MSD and GlaxoSmithKline manufacture the two UK licensed MMR vaccines. Any past or current relationship with these two companies would be classed as a conflict of interest. As would any past or current relationship with the manufacturers for the single antigen vaccines (measles, mumps or rubella). Past or current relationships with companies who manufacture other vaccines (not including MMR or single measles, mumps or rubella) is not classed as a conflict of interest.

### Working with DH Media Centre

The Department of Health Media centre will work with the appointed agency on all media outputs. DH Media Centre will clear press releases and will be involved in any PR activity/bids involving ministers and DH officials. The successful agency will be expected to establish strong working arrangements with them. These will be encapsulated in a formal 'ways of working' protocol which clearly defines each party's role.

### Information to be included in tender documents

- A cost proposal for work to include agency rates for the proposed team.

## PR brief

- Examples of work to demonstrate strong understanding of this area.
- Examples of relevant public awareness campaigns, with demonstrable results, where similar audiences have been targeted.
- Company information including current client list – a brief overview of credentials should be included in the submission.
- Please bring five hard copies of the presentation as a leave behind as well as two cd versions.

*NB All members of the agency team that present must be part of the team that will work on the project.*

### 12. Contacts

[REDACTED]  
PR Manager, COI  
[REDACTED]

### 13. Additional information

Annex 1 – DH Childhood Immunisation schedule  
Annex 2 – MMR uptake and research findings charts  
Annex 3 – Existing information materials  
Annex 4 – Recent Media coverage