Social marketing and the establishment of the ISW-TBE

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Abstract

Vaccination can only be offered effectively to the general public by the means of social marketing. Experience gained with tick-borne encephalitis (TBE) in Austria will be used to demonstrate the need and importance of this public health tool. After the realisation that only mass vaccination would effect a decrease in the number of TBE cases, a nation-wide TBE vaccination programme was initiated in 1981. Since then there has been a dramatic decrease in the incidence of TBE. The annual TBE-vaccination campaign is by far the most visible of all public health programmes in Austria and has been instrumental in reaching the present vaccination rate of 86% in this country.

Outside of Austria TBE is rapidly becoming a growing public health problem in Europe and other parts of the world. In order to effectively contribute toward public health in general and, in specific, to encourage the control of TBE, an international effort was launched with the aim of alleviating this situation. As a first step towards this objective, renowned international experts on TBE created a new body: The International Scientific Working Group on Tick-Borne Encephalitis (ISW-TBE). This Working Group is comprised of internationally recognised scientific experts from endemic and non-endemic regions with extensive personal expertise in the field of TBE and a high level of commitment to improving the knowledge of and response to TBE.

Keywords: Social marketing; Tick-borne encephalitis (TBE); Vaccination

1. Introduction

Quality of health is today a form of liberty for all people, and a right to health should dominate national policies. Disease prevention is fundamental to health, and vaccines are inherently sound techniques in preserving health. Thus, vaccination is not just a medical practice: it also possesses a strong symbolic significance that should always be taken into account when planning vaccination campaigns. Vaccination is—more than any other medical practice—a model for ethical, legal, and social conflicts raised by the introduction of new techniques in medicine [1].

Vaccination can only be offered effectively to the general public by the means of social marketing. Experience gained with tick-borne encephalitis (TBE) in Austria will be used to demonstrate the need and importance of this public health tool.

Vaccination, through its mere nature of offering an insurance against specific diseases to otherwise healthy individuals or populations, has always contained strong social components. Hence, social marketing was an integral part of virtually all vaccination efforts even long before the term “social marketing” was ever coined and defined. More than ever, social marketing is today an essential tool of science-orientated social medicine in its efforts to integrate the concept of disease prevention into public health care [2]. In principle, social marketing entails all measures orientated towards the catering for and communication of the needs of appropriate target groups, including scientific, technical, medical and laypersons.

Marketing is frequently equated merely with advertising; however, advertising is only one component of marketing. In addition, services of the public healthcare sector have to be marketed and advertised in the same manner, as are all other services in our society. Preventive measures cannot be optimal unless the learnings of modern communication sciences are put to optimal use. Social marketing in public healthcare starts with the epidemiological fact base, defines the objectives of health policy, and then decides on necessary measures to achieve the defined objectives. Such measures include the medical services (in this case, immunisation by vaccines); however, these activities must be accompanied by a great number of supportive measures to yield optimal effects.

Vaccination needs to be advertised as any other product, but taking into account that no immediate benefit is to be expected, except an insurance type of protection. Therefore, highlighting the health risk is a major motivational element.

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2. Tick-borne encephalitis—an Austrian success story

An excellent example of the perfect social marketing of a vaccine is the TBE vaccination campaign in Austria. With one of the highest incidences of TBE in Central Europe—3.5–8.8 hospitalised cases per 100,000 inhabitants, Austria has witnessed the remarkable success story of TBE vaccination starting in 1981. For a long time TBE had been the most frequent, serious infectious disease of the central nervous system. An organised mass vaccination programme performed over the past 21 years has made it possible to largely control this severe disease.

The TBE vaccine was introduced in Austria in 1976, at a time when the annual number of TBE cases ranged between 280 and 700. After the realisation that only mass vaccination would effect a decrease in the number of TBE cases, a nation-wide TBE vaccination programme was initiated in 1981. Since then there has been a dramatic decrease in the incidence of TBE to 54 cases in 2001 [3].

2.1. The Austrian TBE vaccination campaign

The annual vaccination campaign follows the principles outlined in Table 1, and is carried out by a group of non-governmental organisations (Arbeitsgemeinschaft Zeckenvorsorge), which includes the Austrian Chambers of Physicians and Pharmacists as well as a broad range of medically oriented institutions and organisations. The Austrian Supreme Advisory Committee on Vaccination provides the scientific background to this campaign, with the experience of preceding years being continuously incorporated into the planning process. The annual campaign commonly starts in autumn with a series of press conferences. Although TBE vaccination can be administered all year round, the focus of activity is directed to the first-half of each year. Public relations activities play a major role and advertising is performed according to the standards and the experiences gained from modern communication science. A broad range of media is used (radio and TV spots, billboards, advertising in lay press, etc.) and their impact is monitored. The symbol of the campaign (a stylised tick) has remained the same over the years and the whole design of the public relations campaign and associated materials is kept as standardised as possible. As soon as the first cases of TBE are reported, public relations activities are intensified to trigger and maintain problem awareness. This yearly vaccination campaign is by far the most visible of all public health programmes in Austria and has been instrumental in reaching the present vaccination rate of 86% in this country.

One of the main future challenges of this campaign will be to change the general perception of TBE vaccination from being a measure for people living in or visiting endemic regions to a general vaccination for the whole population (as is the case for tetanus). Another challenge will be to apply the knowledge gained from the TBE campaign to develop social marketing concepts that can be implemented in other vaccination programmes.

3. The International Scientific Working Group on TBE

3.1. Background and rationale

Outside of Austria TBE is rapidly becoming a growing public health problem in Europe and other parts of the world.
So far no causal treatment is possible but a very efficient, safe and well-tolerated vaccination is available to ensure the necessary protection. While at least 10,000 cases of TBE are referred to hospitals each year, the incidence of TBE is so far not fully recognised. One reason for this is that TBE produces clinical features similar to those of many other types of meningitis and/or encephalitis. Until recently TBE was believed to be a rather limited problem encountered in a few well-defined endemic areas; however, this notion has now been revised. In addition, the increasing mobility of people exacerbates the risk of infection.

In order to provide an effective contribution to public health in general and, in specific, to encourage the control of TBE, an international effort was launched with the aim to alleviate this situation. As a first step towards this objective, renowned international experts on TBE created a new body: The International Scientific Working Group on Tick-Borne-Encephalitis (ISW-TBE).

This Working Group is comprised of internationally recognised scientific experts from endemic and non-endemic regions with extensive personal expertise in the field of TBE and a high level of commitment to improving the knowledge of and response to TBE. A.G. Baxter, a manufacturer of TBE vaccines for more than 25 years, was invited by the Working Group to join the ISW-TBE in its endeavours to take the lead in promoting problem awareness on TBE and in establishing efficient prevention programmes for this devastating disease.

The initiative to set-up the ISW TBE was initially taken by members of the University of Vienna in an effort to translate the experience gained in Austria in controlling TBE to other countries and to support these in establishing and expanding their own national and international control programmes. Such experience is of particular importance in the case of social marketing, including public awareness campaigns, which are a prerequisite to creating the necessary problem awareness towards this disease. Information measures are needed to reach both the general public and the professional community; and international efforts will be able to supplement local information measures.

It is well accepted among epidemiologists that the incidence of TBE is underestimated, even in countries where the disease is known. As recently shown, there are still regions in Europe where TBE occurs but is not diagnosed [4]. Because the consequences of the disease, including its economic impact, could easily be prevented through vaccination, the mission of the ISW-TBE is highly relevant to public health.

### 3.2. Main aims

The main aims of the ISW-TBE are

- to promote national and international collaboration on TBE on scientific, medical and regulatory issues;
- to stimulate and co-ordinate applied and basic research on TBE;
- to contribute to training and educational programmes in the field;
- to provide high-quality information on TBE and promote its dissemination;
- to promote and apply international standards on epidemiological TBE surveillance;
- to define and promote proposals to harmonise national and international policies on TBE prevention.

### 3.3. Main activities

To support its stated aims, the ISW-TBE has defined a number of major activities which presently include the following:

- Defining priority programmes and co-ordinating and further executing these programmes.
- Generating state-of-the-art reviews on TBE immunisation policies.
- Publishing a bulletin offering news, editorials, reviews, commentaries and epidemiological reports (see also the ISW-TBE homepage at www.TBE-info.com).
- Organising pertinent national and international meetings.
- Participating in scientific meetings (presentations, workshops, symposia) appropriate for the discussion of TBE.
- Publishing relevant information, guidelines and results in high-quality scientific journals.

Through its aims, activities and expertise the ISW-TBE provides advisory services to national and international authorities as well as to scientific and medical professions.

### 3.4. Annual meetings

The inaugurating meeting of the ISW-TBE was held in Salzburg, Austria, in December 1999. The philosophy and the objectives of the Working Group were established and country reports were delivered to give an overview of the epidemiological situation and efforts to control TBE. At the second meeting, held in Stockholm in May 2000, a number of priority programmes were defined and approved, including the improved and expanded search for TBE outside known endemic regions (meningitis programme), the assessment of implications of mobility and international travel on TBE cases (travelling programme) and the furthering of awareness of TBE (awareness programme). The progress of these programmes is continuously reviewed at the regular annual meetings while new programmes are assessed.

Since the inauguration of the ISW-TBE in 1999 significant progress has been achieved on several of the designated programmes. While Haglund reports the outcome of the meningitis programme, we will here briefly summarise progress on two priority programmes recently instigated.
3.5. The travelling programme

In initiating the Travelling Programme the ISW-TBE noted that travel streams to TBE endemic areas and the potential risk to travellers show the clear need for international recommendations. Thus, the assessment of individual risk depends not only on the place of residence, but also, and above all, on the type of spare time activities and the extent of mobility. These aspects in particular should form the basis on which a decision regarding TBE vaccination should be made.

TBE has in the past rarely been an focal issue in travel medicine. The following findings favour a change in this focus:

- Increasing mobility and tourist activities place individuals at significant risk for TBE infection.
- Endemic countries “export” TBE, which is rarely diagnosed because of the lack of awareness of this disease.
- Mathematical modelling, incorporating statistical data on the number of visitors from non-endemic to endemic regions, duration of overnight stays, level of outdoor activities, etc., shows that the number of travel-associated TBE cases is vastly underestimated due to a failure to routinely screen for this disease in non-endemic regions.
- A meningitis screening programme, performed under the auspices of the ISW-TBE clearly shows that TBE exists in regions previously thought to be non-endemic [4].

These findings strongly suggest the need to also consider issues such as travelling and population mobility when defining recommendations on preventative measures against this disease. Further questions to be discussed and studied by experts in travel medicine include the following: Is TBE vaccination to be integrated into the recommendations for travellers (going to what countries), what is the TBE risk for tourists compared to other risks, what has to be done to make sure that cases so far undetected are properly identified.

As an example it has been calculated that the Netherlands may experience up to 60 TBE cases a year due to travelling. Similar calculations can be made on a country-by-country basis while epidemiological studies will then be required to verify the theoretical models.

3.6. The awareness programme

The awareness programme is intended to increase the appreciation of TBE in regions where this disease is largely unknown, thus ensuring sufficient knowledge on this disease to enable appropriate precautionary measures to be taken, or at least considered. Within this programme ISW-TBE members have participated as speakers and moderators at numerous national and international congresses.

A major activity was set with the ISW-TBE Satellite Symposium at the 7th Conference of the International Society of Travel Medicine (CISTM7) in Innsbruck in May 2001, which received much acclaim from participants throughout the world.

A special humanitarian activity was set by the ISW-TBE by donating almost 10,000 doses of TBE vaccine (FSME-IMMUN®) to Poland for administration in children in a high-endemic, poor region of northeast Poland. The official presentation of the donation received nation-wide media coverage and contributed significantly to creating the national awareness of this disease, which is a prerequisite to keeping this disease at bay. On the same occasion the Polish section of the ISW-TBE was established.

References