

Documenting Vaccine Introductions:

A Guide for Developing
Case Studies and
Human Interest Stories



ACKNOWLEDGEMENTS

This document was developed by the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health (JHSPH) and was written by Lauren Platt (IVAC). Many thanks to the following individuals for their thoughtful suggestions and significant contributions:

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Lisa Menning, World Health Organization (WHO)

The authors would like to thank the members of the Immunization Systems Management Group (IMG), members of the Communications Working Group of the IMG, and members of the Implementation Working Group of the IMG for their thoughtful review and comments.

Finally, the authors would also like to acknowledge two documents that provided useful information during the development of this guide: (1) Preparing a Case Study: A Guide for Designing and Conducting a Case Study for Evaluation Input by Pathfinder International and (2) Human Interest Stories by the American Red Cross and Catholic Relief Services (CRS).¹

Cover photography by Oscar Seykens.

The development of this document was made possible by funding from the Task Force for Global Health (TFGH) through the support of the Bill and Melinda Gates Foundation.

¹ Documents available online at: <http://www.pathfinder.org/publications-tools/pdfs/Preparing-a-Case-Study-A-Guide-for-Designing-and-Conducting-a-Case-Study-for-Evaluation-Input.pdf> and http://www.crsprogramquality.org/storage/pubs/me/MEmodule_humaninterest.pdf.

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If you don't publish it,
it doesn't exist.

INTRODUCTION

Immunization is cited by numerous experts as one of the greatest public health achievements of the past century. As the internationally renowned vaccine expert, Dr. Paul Offit, once said, “With the exception of safe water, no other modality, not even antibiotics, has had such a major effect on mortality reduction”. In recent decades, a remarkable number of vaccines have been introduced into countries across the globe, and many more vaccine introductions are planned for the future. A historical awareness of past introductions has helped the vaccine community identify patterns and overcome common barriers to success—from improving delivery platforms and streamlining procurement to expanding research and surveillance efforts.

During each vaccine introduction, national immunization programs learn valuable lessons about what works and what doesn't work. Unfortunately, in the resource-scarce world of global public health, documentation of programs and strategies is often neglected. This is true of both public health programs in general and immunization programs specifically. Documentation should be an essential part of any program because it helps improve effectiveness and allows ideas and innovations to be shared with other programs around the world. Lessons from previous experiences—both positive and negative—are a critical part of the program improvement cycle.

Failing to properly document the key challenges, solutions, and lessons learned from an experience can lead immunization programs to propagate the same mistakes over and over again. This is especially true in settings where program staff are not permanent. In these settings, relying on an individual's recollection is an ineffective and unsustainable way to ensure that lessons learned are integrated into future immunization activities. Documenting experiences in an easily accessible format is the best way to ensure that lessons learned are translated into future action.

Similarly, the lessons learned by national immunization programs often have implications for the broader international immunization community. Without the documentation of key findings, other individuals and organizations cannot benefit from the lessons learned by their counterparts in other countries.

Finally, documentation can showcase successes, enabling the immunization community to bolster continued support from donors, advocates, and decision-makers. Donors, ministries, decision-makers, and the community as a whole want to know that immunization programs are making a difference. It is important to document and share inspiring stories of how local, national, and international vaccine advocates are tirelessly working to stretch donor dollars and eliminate vaccine-preventable diseases in the world's most vulnerable children.

WHAT IS THE PURPOSE OF THIS GUIDE?

The purpose of this guide is to give step-by-step instruction on how to develop a case study and/or human interest story about a vaccine introduction.

WHO SHOULD USE THIS GUIDE?

Any individual or team who would like to document the introduction of a vaccine can use this guide. This might include national-level staff, international staff, or external consultants.

WHAT IS INCLUDED IN THIS GUIDE?

This guide is divided into the following sections:

Section 1. Deciding which type of documentation to use

Section 2. The steps of developing a case study

Section 3. The steps of developing a human interest story

Annex 1. Sample interview questions for case studies and human interest stories

Annex 2. Example case studies about vaccine introductions

Annex 3. Example human interest stories on vaccine introductions

Annex 4. Potential channels for dissemination

Section 1 is a guide that is meant to help you decide which type of story (case study, human interest, or both) you would like to develop. It describes what case studies and human interest stories are, the purpose of developing them, and how both of the stories can be used.

Sections 2 and 3 give specific, step-by-step guidance on how to develop a case study or a human-interest story related to a vaccine introduction. Individuals should decide which type of documentation (case study, human interest story, or both) is most appropriate given the objectives, target audience, and desired format of the final product.

Annex 1 contains sample interview questions which give one for interviewing individuals for a case study and one for interviewing individuals for a human interest story. These questions were developed for a specific vaccine—the inactivated polio vaccine (IPV)—but can be adapted to any other vaccine being documented.

Annex 2 and 3 gives examples of both case studies and human interest stories related to a vaccine introduction. You can use these examples to help you as you develop your own case studies and human interest stories.

Annex 4 gives ideas for potential dissemination channels for both case studies and human interest stories related to a vaccine introduction.

SECTION 1. DECIDING WHICH TYPE OF DOCUMENTATION TO USE

The type of story that you choose to develop (case study, human interest, or both) will depend on the purpose for developing and telling the story and the desired outcome of the individual or team initiating the story. Prior to creating any documentation, the individual/team should always discuss and define objectives and the target audience. The end goal should be kept in mind throughout the documentation process. Consider the following questions:

- Who are you trying to reach with your information?
- What would you like your target audience to do with the information?
- What information is your target audience most interested in?
- How and where will your documentation be used?

Note that case studies and human interest stories can be complementary, and so it is possible that you will want to develop both. For example, a case study on the decision-making process for the introduction of the inactivated polio vaccine (IPV) could be complemented by a human interest story about a passionate pediatrician who advocated for the rapid introduction of IPV in order to ensure that the children in his/her country would have even stronger protection against poliovirus. Examples of case studies and human interest stories can be found in Annexes 2 and 3 respectively.

Lessons from previous experiences — both positive and negative — are a critical part of the program improvement cycle.

WHAT IS A CASE STUDY?

A case study is a story about something unique, special, specific, or interesting—it can be about individuals, organizations, processes, programs, institutions, or events. The information in a case study can be presented using different formats such as a document, a presentation, a video, or another format. It gives the story behind the result by capturing what happened to bring it about. Case studies are a good opportunity to highlight a project's success or to bring attention to a particular challenge that was overcome. Case studies help answer questions about the “how” and “why”.

In the context of a vaccine introduction, a case study provides an analysis of the vaccine introduction process. A case study helps answer important questions about “why” the vaccine was introduced and “how” the vaccine introduction was implemented, which are topics not often captured by other types of documentation and research. They provide the opportunity to ask: “Knowing what I know now, if I were to introduce this vaccine again, what would I keep exactly the same? What would I do differently?” Depending on its intended audience and purpose, the case study can either focus on a particular phase of the introduction (e.g. the decision-making phase, the planning phase, or the implementation phase) or cover all phases of a vaccine introduction. The rigor of the methods and detail in which the introduction is described will depend on the intended audience and use. For example, if the case study is being prepared for a peer-reviewed journal article, the methodology would be different than if the case study was being prepared as a concise two-page document that can be distributed to the general public health community.

WHAT IS THE PURPOSE OF DEVELOPING A CASE STUDY ABOUT A VACCINE INTRODUCTION?

A case study provides an account of the achievements and lessons learned during a vaccine introduction. These lessons can be adapted or used to inform other vaccine introductions in the same country or in other countries. Case studies may be used to share findings and lessons learned with stakeholders (donors, partners, or governments) during a meeting or workshop. Alternatively, case studies may live on an organization's website or may be used in an annual report.

HOW CAN CASE STUDIES BE USED?

Below is a list of the most common uses of case studies:

- **To enhance planning:** One of the most common reasons for developing a case study is to document lessons learned which can be directly applied to the planning process of a similar event. For example, a case study about introducing the inactivated polio vaccine (IPV) in Country A can help inform the planning process for a rotavirus vaccine introduction in Country B.
- **To inform decision-making:** When deciding whether or not to introduce a vaccine, decision-makers often look to the experiences of other countries to help them decide if they should recommend a vaccine introduction.
- **To communicate with donors:** A case study might be used to reach out to new donors to give an example of the potential impact of their support. Some donors appreciate seeing case studies because it gives a more holistic picture of the project as opposed to only data or only human interest stories.

The purpose of a human interest story is to facilitate a connection between the target audience and the issue

- **To educate:** Case studies are often used in professional schools to teach students about a complex process. Adding case studies to the broader body of literature allows them to be used by educators and students all over the world who want to learn more about vaccine introductions.
- **To supplement reporting:** Funders might request a case study as part of a report on a grant.
- **To share experiences widely:** Documenting and publishing a case study allows you to share your experience with a broad audience. You might not always know who the reader is or the influence you work is having—but by publishing a document and making it available to the public, you are giving anyone around the world the potential opportunity to learn from your experience.
- **To help researchers:** It is obvious that by publishing a peer-reviewed article you are adding to the greater body of literature. However, research is not limited to peer-reviewed journal articles. On certain occasions, researchers also utilize “grey literature” for their studies. So regardless of the format of your case study, your document might play a part in helping researchers answer important questions.

WHAT IS A HUMAN INTEREST STORY?

A human interest story is a story that presents people and their problems, achievements, concerns, or successes in a way that brings about interest, sympathy or motivation to the reader. Human interest stories are designed to engage the reader’s attention and evoke an emotive response, enabling the reader to identify and engage readily with the people, problems, and situations described. They are often an individual’s first-hand account of what it is like to live through an otherwise faceless, but well-known event.

In the context of a vaccine introduction, a human interest story documents the experiences of individuals who are affected by a vaccine introduction or individuals living in areas where a vaccine still has not been introduced. These stories help to personalize the impact of the vaccine. For example, a story about a family affected by polio first learning that a polio vaccine has been discovered and what that discovery means to them would be considered a human interest story.

WHAT IS THE PURPOSE OF DEVELOPING HUMAN INTEREST STORIES ON VACCINE INTRODUCTIONS?

The purpose of a human interest story is to facilitate a connection between the target audience and the issue, as a means to solicit their involvement and support. The goal is to captivate the audience and, thereby, inspire action.

HOW CAN HUMAN INTEREST STORIES BE USED?

Human interest stories are an important part of advocacy. They can be used in a variety of contexts and for a variety of purposes depending on the audience. Below is a list of some of the most common uses for human interest stories:

- **To remind decision-makers of the human impact of a vaccine:** Decision-makers are constantly bombarded with long reports and data about the different projects they are supporting. As they make their decisions about how to allocate resources, it is a good idea to remind them of the human impact of the decision they are making. Reading a human interest story will help them connect with your cause in a different way.
- **To galvanize support from donors:** Like decision-makers, donors are bombarded with requests from different projects for support. It is important to show them the impact that their donation is having at the individual level in order to reinvigorate their support.
- **To recruit or mobilize new advocates and champions:** Powerful human interest stories inspire people and motivate them to work for your cause. A poignant human interest story can be the reason a person decides to become a “champion” and dedicates themselves to a cause.
- **To raise awareness about the importance of a vaccine introduction:** Human interest stories are a great way to raise awareness more broadly. Note that they will be most effective with audiences that are already sympathetic to humanitarian and global health issues, so if the goal is to raise awareness, focus on outlets serving these audiences.

SECTION 2. THE STEPS OF DEVELOPING A CASE STUDY

STEP 1: Determine the purpose, audience, scope, and themes of the case study

WHAT IS THE PURPOSE OF THIS CASE STUDY?

Define the purpose of this case study. When thinking about the purpose, consider the following most common uses of case studies: to enhance planning, to inform decision-making, to communicate with donors, to educate, to supplement reporting, to share experiences widely, and/or to help researchers (for more detail, reference the list in Section 1 “How case studies can be used”). Decide if the main goal of the case study is to document lessons learned in order to improve future planning, document the experience of one country to help inform decision-making in other countries, communicate the success and challenges of a project with donors, educate people on vaccine introductions, or another purpose.

WHO IS THE PRIMARY AUDIENCE?

Based on the purpose of the case study, determine the primary audience. Below are potential audiences you might consider:

- Decision-makers and policy makers
- Immunization program managers
- Immunization partner organizations
- Donors (local, national, and international)
- Public health community
- Public health students
- Researchers
- General public

WHAT IS THE SCOPE OF THE CASE STUDY?

Based on the purpose and audience, determine the desired level of detail for the case study. Think critically about who the audience is, what they are likely to know and not know already, what level of detail will be of interest to them, and what the length of the final deliverable will be.

WHAT THEMES WILL THE CASE STUDY EXPLORE?

Based on the purpose of the case study, decide which theme or themes you want to explore. Depending on the purpose and audience, you might want to dive deeply into one theme or cover many themes at a higher level. If feasible, you should also have a conversation with individuals working in the country to get their ideas on the major themes that

emerged during the introduction. It is likely that new themes will emerge as you conduct interviews and learn more about the vaccine introduction. However, it is still good practice to begin with a list of themes you intend to explore as it will help you remain focused. Below is a list of some *example* themes you might consider:

- Factors that influenced the decision-making process for a vaccine introduction
- Local ownership and sustainability
- Financing mechanisms used to support a vaccine introduction
- The role of advocacy in catalyzing a vaccine introduction
- Efforts to improve routine immunization strengthening that accompanied a vaccine introduction
- Logistics and training activities for a vaccine introduction
- Communications and messages for a vaccine introduction
- Public acceptance (positive or negative) of a vaccine introduction
- Monitoring and supervision following a vaccine introduction

STEP 2: Determine the format of the case study

The next step is to select a format for your final deliverable. Below is a list of different types of formats to consider. Choose the format that is most appropriate for the purpose of the case study and the target audience. For example, if the purpose is to document the lessons learned from the vaccine introduction to help other people working in the immunization field, then a longer document or peer-reviewed journal article might be the most effective way to present and disseminate the information. Note that this list is not exhaustive and is meant to simply provide ideas. Do not feel limited by the options listed below.

- **Short document:** If the purpose of the case study is to share high-level messages about the vaccine introduction, then a short 1-3 page paper would be the most appropriate medium for the case study. These are useful if the target audience is busy and doesn't have time to dedicate to reading a long document or if the target audience is not technical or detail oriented.
- **Long document:** If the purpose of the case study is to document the details of the vaccine introduction, then a longer report that describes each step of the introduction in detail might be an appropriate format for the case study.
- **Presentation:** If the purpose of the case study is to disseminate lessons learned at immunization or public

health meetings, then a presentation (such as a PowerPoint) might be the appropriate format for your case study.

- **Peer-reviewed publication:** If the case study findings are particularly interesting and would contribute something unique to the body of knowledge on vaccine introductions, then a peer-reviewed journal article would be a medium for the final deliverable. This will allow for a permanent record of the findings which can be accessed by anyone with subscriptions to peer-reviewed journals.

In determining the format of the case study, consider the dissemination channels that will ultimately be used to reach target audiences in order to ensure that the document meets the needs or interests of the audience. Note that this is described in greater detail in Step 6, “Disseminate the Case Study”.

Depending on the purpose and audience, you might want to dive deeply into one theme or cover many themes at a higher level.

STEP 3: Draft a clear scope of work and action plan

SCOPE OF WORK

The scope of work defines the reach and themes of the case study and helps outline exactly what will be done. This document will serve as a “blueprint” for the project and help the individual or team stay focused on their objectives. A scope of work should include the following components:

- Purpose of the case study
- Target audience
- Scope of the case study
- Themes of the case study
- List of meetings to be held

- List of interviews to be conducted
- List of additional data sources to be reviewed
- List of final deliverables and responsibilities of each person as it relates to the deliverables
- Schedule of deliverables
- A plan for sharing and disseminating the stories (see step 6 for more details)
- Explicit reference to a plan to ensure respect for the security, dignity, and self-worth of individuals being interviewed and photographed

ACTION PLAN

Once the scope of work is finalized, it is important to develop an initial action plan for implementing the work. The action plan should include:

- Overall timeline and schedule for the activities that need to be conducted in order to complete the case study
- Person or people responsible for each activity

STEP 4: Collect data and information

REVIEW RELEVANT DOCUMENTS

Familiarize yourself with the basic background information about the vaccine and the health system of the country or area that will be the focus of this case study. To learn about the vaccine, you should take advantage of the many online resources available that give simple and clear information about different vaccines and the diseases they prevent. Some useful websites include:

- Center for Disease Control and Prevention (<http://www.cdc.gov/vaccines/>)
- Gavi the Vaccine Alliance (<http://www.gavi.org/>)
- UNICEF (<http://www.unicef.org/immunization/>)
- WHO (<http://www.who.int/topics/vaccines/en/>)

In addition to information about the safety and efficacy of each vaccine, some of these websites also have useful information and statistics about vaccine introductions in many countries around the world. Finally, you are encouraged to ask the in-country staff if they have any useful background documents that they can share (e.g. the vaccine introduction plan, Comprehensive Multi-Year Immunization Plan (cMYP), Gavi application, recent Effective Vaccine Management assessments, cold chain and logistics improvement plan, annual immunization reports, recent immunization desk review report, etc.) to help with preparation.

CONDUCT MEETINGS, INTERVIEWS, AND/OR FOCUS GROUPS

Meetings, interviews, and focus groups often provide valuable information that can enrich the case study. Preparation for these discussions should include identification of topics, functional areas, or themes to be explored along with the corresponding individuals that may be most informative. Develop a list of the types of people you would like to meet with and the questions you would like to ask them. Note that the people you decide to interview will depend on the theme(s) you would like to explore. For example, if you decide to focus on the strategy used to secure financial support for the vaccine introduction, then you should be sure to speak with key people from the Ministry of Finance. In contrast, if you want to focus on communications and messaging about the vaccine introduction, you might want to focus on interviewing community members to get their perspective on why they believe the vaccine is being introduced. Below is a list of the types of people you might consider interviewing.

- **Decision-makers** such as a member of the National Immunization Technical Advisory Group (NITAG), a national immunization expert, a public health expert, a high-level government official, a health economist, or another influential person
- **Implementers** such as national, regional, and local immunization program staff or volunteers
- **Community members** such as local leaders, caregivers, and parents

During the interviews, meetings, and focus groups, be sure to take notes. You can also consider using a tape-recorder if appropriate. Always be sure to ask permission before doing any kind of recording (audio, video, or photography) and, if appropriate, have the participant sign a waiver acknowledging that the material can be used by your organization.

GATHER ANY ADDITIONAL DATA

Some case studies use quantitative data to complement qualitative findings. Examples of the types of data you might find useful include: vaccination coverage estimates, disease burden estimates before and after the vaccine introduction, vaccine cost estimates, and population estimates. It is important to remember that a case study is not intended to be a rigorous scientific study that only uses quantitative data. Rather, any quantitative data should complement qualitative findings and help tell the story of “how” and “why”.

Oftentimes, a great deal of work goes into producing case studies, while relatively little time is spent sharing the finished product. This is unfortunate and ultimately undermines the main purpose.

STEP 5: Develop the case study deliverables

Based on the findings from the review of background documents, meetings, interviews, and other data, synthesize your findings into your final deliverable(s). How you decide to organize and present your findings will depend on the purpose, audience, and format of your deliverable(s). Below is *one example* of one way you can organize and present findings. Note that you should not feel constrained by this organization, but rather you should feel free to use your own creativity and methods of organization.

- **Introduction:** Briefly give necessary background information your reader needs to know in order to understand the importance of the case study. This section typically includes demographic information, disease burden estimations, general performance of the immunization system, uptake of vaccine in other similar countries, relevant historical information, history of vaccine introduction in the country, and more. The scope of this section depends greatly on the prior knowledge of your target audience.
- **Methods:** It is normal to briefly state the methods you used to conduct the case study (i.e. meetings with key stakeholders, interviews with caregivers and mothers, observation, data, etc.)
- **Findings:** In this section, you should summarize the key findings of the case study. Give a brief factual overview of the process you investigated. For example, if your case study focuses on communications support for a vaccine introduction, in this section you should briefly describe what communications activities were implemented at which times and the major messages the country used.

- **Conclusions:** Here you should cover the major impact of the introduction and the lessons learned. Below is an example of the different types of sections you might want to include in this section:
- **Major achievements:** What were the major achievements of this vaccine introduction? Was there anything about this introduction that stood out as being done excellently? For example, did the training go very well?
- **Problems and challenges:** What were the major problems and/or challenges you faced during the introduction of this vaccine?
- **Interventions and solutions:** How did you overcome the major problems and/or challenges?
- **Lessons learned:** Consider, if you were to re-do this vaccine introduction, what would you do differently? What would you do the same?
- **Program or Policy Implications:** The purpose of this section is to link your findings to the broader implications of the case study to the immunization/global health community. The key question you should answer is: How can what you learned help improve both (1) your own program and (2) immunization programs around the world? Who can learn from your findings? How could this situation impact future immunization programming in your country or region? Were there any policy changes as a result of this introduction?
- **Recommendations and next steps:** Do you have any recommendations for future vaccine introductions in your country? How about vaccine introductions in other similar countries? Are there any strategies you used that worked particularly well that other people should consider? Were there problems you faced that you think others should be ready for so they can plan accordingly? What are the next steps for your program for improvement?

STEP 6: Disseminate the case study

Oftentimes, a great deal of work goes into producing case studies, while relatively little time is spent sharing the finished product. This is unfortunate and ultimately undermines the main purpose of producing a case study—to create stories that are useful to others. In order to avoid this, develop a comprehensive dissemination plan early in the process.

The dissemination plan serves as a guide to ensure that all appropriate audiences receive the stories on a timely basis relative their needs. Advanced planning will significantly increase the usefulness and impact of the case studies. Your

dissemination plan should be designed to reach the target audience(s) you identified in Step 1.

Your dissemination plan should include details on:

- Any approval processes required before dissemination
- Outlets to be targeted for your deliverables
- Dissemination activities to be conducted
- The person responsible for conducting dissemination activities

DISSEMINATION ACTIVITIES

Below is a list of the type of activities you might consider including in your dissemination plan.

- **Publish in print:** Publishing in print publications is the most traditional way to disseminate case studies. There are many different places you can consider to publish in print, including newsletters, scientific journals, and more. See Annex 4 for a list of potential dissemination channels.
- **Publish online:** Publishing in online forums allows you to make your case study universally available at little to no cost. Partner organization websites and blogs are great places to post or promote case studies. Be sure to identify websites that are commonly accessed by your target audience.
- **Leverage an influential spokesperson:** Identify a person or people viewed as credible with each of your target audiences and reach out to see if they are interested in helping share your messages.
- **Hold briefings:** Schedule briefings with your target audience. Face-to-face briefings are a very effective way to reach decision-makers. These meetings also allow for feedback and dialogue.
- **Give presentations:** Consider making presentations at meetings where your target audience is in attendance. Presentations can be an effective way to meet lots of stakeholders at one time.
- **Distribute materials at workshops, meetings, and conferences:** Consider making short materials (1-2 page summaries of the case study) which you can distribute at workshops, meetings, and conferences regularly attended by your audience.
- **Think outside of the box:** Don't forget to think outside the box and try innovative ways to disseminate your case study findings! But, it is critical to always keep your target audience in mind when designing dissemination strategies.

A list of popular media outlets and channels to consider can be found in Annex 4. Potential channels for dissemination.

SECTION 3. THE STEPS OF DEVELOPING A HUMAN INTEREST STORY

STEP 1: Determine the purpose, audience, and focus of the human interest story

WHAT IS THE PURPOSE OF THE HUMAN INTEREST STORY?

It is important to define the purpose of the human interest story you want to develop. Decide if the purpose of the story will be to raise awareness about the importance of a vaccine introduction, mobilize supporters to an issue, recruit new advocates and champions for a specific vaccine, convince decision-makers of the importance of a particular vaccine, respond to a request from a donor for a human story about vaccines, or another purpose.

Decision-makers get bombarded with statistics, estimates, and metrics about the projects people would like them to support.

WHO IS THE PRIMARY AUDIENCE?

Based on the purpose of the human interest story, determine who the primary audience is. Below are six potential audiences and considerations related to each audience. Note that the following list may not be exhaustive—there may be other audiences you would like to focus on.

- **Decision-makers:** Decision-makers get bombarded with statistics, estimates, and metrics about the projects people would like them to support. A human interest story can be another way to catch the attention of a decision-maker. It will help them connect with the real impact of vaccines.
- **Current donors:** It is important to remind donors why they decided to support a vaccine introduction. Help them connect with vaccines by telling them a poignant story about how their investment has positively impacted somebody's personal life. If you are targeting a specific

donor, make sure to understand their specific interests so you can tailor your stories accordingly. This will impact the type of content and scope of your story.

- **Potential donors:** Future donors want to see an example of the impact achieved to date and the remaining gaps that need to be addressed. Human interest stories are key to showing future donors the impact their support can have on alleviating suffering.
- **Media:** Human interest stories selected for the media need to be especially compelling and interesting for the target audience. It is critical to also determine which type of media you are targeting—local, regional, or international media. The content and perspective will vary based on the scope and reach of your audience. If you are considering using the media, make sure the interviewee understands that the story may be used in media.
- **Public health professionals:** Another potential target audience is public health professionals in other countries who will be undertaking a similar vaccine introduction soon. These stories should aim to highlight major lessons that could be particularly useful for other countries considering a similar introduction. Think about “what we would have done differently if we could do it again”.
- **Influential community leaders:** Similar to decision-makers, a community leader often plays a key role in influencing decision-making processes, opinions, and actions at a community level. Human interest stories are a great way to gain the support of these community leaders and turn them into champions for a vaccine introduction.

WHAT IS THE SCOPE OF THE HUMAN INTEREST STORY?

Based on the purpose and audience, determine the story scope. Are you focused on an individual's story? A family's story? Two individuals with different situations? Think about what level of detail your audience is going to be interested in. Be aware that going into too much detail might lose their interest, but not providing enough detail might leave them confused.

WHAT THEMES WILL THE HUMAN INTEREST STORY EXPLORE?

Brainstorm different themes you want to explore in your human interest story. Brainstorming themes early on will help you find identify appropriate people to interview. However, it is important to remember that you should always keep an open-mind when developing a human interest story. If you

uncover a particularly compelling story during an interview, you should consider exploring it even if it isn't in line with the original theme you decided to write about. Below is a list of themes you might use to help probe for a good story, however note that this list is not exhaustive:

- A mother describing what it is like to take care of a sick child
- An advocate recounting the challenges he/she faced in getting a vaccine introduced
- A family explaining the economic burden of seeking treatment for a vaccine-preventable disease
- A vaccinator describing their motivation for becoming a vaccinator

A human interest story

can be another way to catch the attention of a decision-maker.

It will help them connect with the real impact of vaccines.

STEP 2: Determine the format of the human interest story

The next step is to decide what format should be used for the final product. Below is a list of different types of formats you might consider. Choose the format most appropriate for the purpose of the human interest story and the target audience:

- **Short article:** Short articles can be developed for a variety of outlets—including local and international print media, newsletters, and more. These are typically 500-1,000 words.
- **Long feature article:** If you have a particularly engaging and exciting story, you can consider developing the story into a longer feature article. Lengths will vary depending on the publisher.

- **Blog post:** Blogs are typically more informal than articles and should be somewhat short in length, similar to a short article. Many immunization and public organizations have blogs that are looking for human interest stories to post. When it comes to blog posts, the author can be of particular importance and can have a strong influence on the reach of the post.
- **Donor materials:** Human interest stories are often used in donor materials to help bring the impact of an organization to life.
- **Video:** If you have the resources and videography skills, you might consider developing a video. Successful videos are typically 1-3 minutes in length and can be used in online materials.
- **Blurb embedded in longer document:** Human interest stories can be inserted into longer technical documents to bring in a human component to the technical process being described. These stories are typically no longer than 1-2 paragraphs and give a short personal testimony about the impact of a project on an individual's life.

STEP 3: Draft a clear scope of work and action plan

SCOPE OF WORK

The purpose of a scope of work is to define the scope of the human interest story, and plan out what will be done. This document will serve as a “blueprint” for the project, and help the individual or team developing the case study stay focused on their objectives. A scope of work should include the following components:

- Purpose of the human interest story
- Target audience
- Scope of the story
- Themes of the story
- List of background information needed
- List of interviews to be conducted
- List of types of photographs to be taken
- List of final deliverables and responsibilities of each person as it relates to the deliverables
- Schedule of deliverables
- A plan for sharing and disseminating the stories (see step 6 for more details)
- Explicit reference to a plan to ensure respect for the security, dignity, and self-worth of individuals being interviewed and photographed

ACTION PLAN

Once the scope of work is finalized, it is important to develop an initial action plan for implementing the work. The action plan should include:

- Overall timeline and schedule for the activities that need to be conducted in order to complete the case study
- Person or people responsible for each activity

Survivors are often the most captivating storytellers because of their unique and credible perspective.

STEP 4: Collect data and information

REVIEW RELEVANT BACKGROUND INFORMATION

Familiarize yourself with background information on the country, immunization system, health system, and vaccine being introduced. You should try to review useful documents before you begin and search for information on the internet (peer-reviewed articles, WHO website, Gavi website, CDC website).

IDENTIFY INDIVIDUALS TO INTERVIEW

Potential interviewees for human interest stories on vaccine introductions can range from key advocates at the national level to individuals at the local level who played a critical role during the implementation. Listed below are a variety of participants and the type of human interest story they might offer:

- **Survivors:** An individual who has survived a vaccine-preventable disease might be able to give a compelling, first-hand testimony of the challenges of living with a disability associated with this disease. Survivors are often the most captivating storytellers because of their unique and credible perspective.

- **Caregivers:** A caregiver might tell a story about the impact of the vaccine on the life of their child, a story about how common a particular disease was before the vaccine was introduced, or a story of how one of their children died of a specific vaccine preventable disease before the vaccine for that disease was introduced.
- **Healthcare workers and vaccinators:** A healthcare worker might tell a success story about the vaccine introduction, a lesson learned story about what was a challenge and how it can be overcome in the future, or a personal testimony of the impact the vaccine has had on the burden of disease in their community.
- **Local community leaders:** A local leader might be able to speak about the broader receptiveness of their community to vaccines, the overall impact a vaccine has had on the lives of community members, or a special event they help in their village to celebrate the introduction of a vaccine.
- **Influential members from civil society:** An influential member of civil society (a famous pediatrician or local celebrity involved with the introduction of the vaccine) might tell a story about the challenges the country faced in getting the vaccine recommended for introduction.
- **High-level decision-makers:** A high-level decision-maker might give a personal account of how a vaccine was recommended to be introduced and implemented.

CONDUCT INTERVIEWS

Before the interview, prepare a list of questions to help guide your interviews (see Annex 1 for sample questions). The questions should be open-ended and flexible. Then, conduct interviews with the individuals you identified. Note that while you should start with the list of questions you created, you should also be prepared to think on your feet. Human interest stories should be creative and you should not be afraid to deviate from your original list of questions if appropriate. Below are some other helpful tips for conducting successful interviews:

- Be clear about the purpose of the interview and the project. Give sufficient information to enable the potential interviewees to judge whether or not they would like to participate.
- Obtain consent of the individual or household prior to the interview. This can be either oral or written consent, based on the local context. In addition, provide advance notice of the interview and its purpose to give potential interviewees enough time to determine whether they would like to participate.
- Create a supportive and comfortable environment for the interview. Think about how best to ensure a setting that encourages dialogue. In some cases this might mean allowing other people to listen, in other cases the reverse might be true.

- Give your participant the option to be anonymous. For example, offer to use different name or use other ways to conceal their identity, especially if the information is sensitive.
- Try to minimize the “social distance” between the interviewer and the interviewee. This can include, but is not limited to, wearing culturally appropriate clothing, respecting body language and gender relations in the country, making the interviewee feel at ease, and not appearing to judge the information received.
- Treat the interview as a conversation, not a formal interview. The interview questions should be used as an overall framework, allowing for follow-up questions about the individual’s personal memories or feelings.
- Consider the pros and cons of using a tape recorder. Tape recording may be an enabling or a disturbing factor

- Select a skilled translator. Accurate translation is essential for obtaining direct quotations and allowing the interviewer to ask follow-on questions.

Ethical considerations for the interviewing: It is extremely important that those involved in writing human interest stories abide by current professional ethics, standards, and regulations regarding confidentiality, informed consent, and potential risks or harms to participants. In general, the ethical concerns related to data collection for human interest stories are the same as those for any data collection process. Methods for handling these issues include the following:

- Ensure that ethically-based guiding principles are emphasized at all stages in the human interest story writing process.
- Obtain informed consent before the interview begins or the photograph is taken, and verify that the subject feels comfortable in denying consent.
- Wait to explore sensitive issues until a good relationship has been established with the subject.
- Learn enough about the local culture to ensure you are respecting it during the data collection process.

Be aware and don’t cause unintentional harm: You should ensure the data collection methods you are using for your human interest stories do not cause unintentional physical or emotional harm. Note that most of the time, harm is unintentional. Below is a list of ways that harm can be caused unintentionally:

- Violating participants’ right to privacy by posing sensitive questions or by gaining access to records which may contain personal data
- Observing the individuals’ behavior without their awareness (concealed observation)
- Allowing personal information to be made public that participants would otherwise want kept confidential
- Not observing or respecting certain cultural values, traditions, or taboos valued by the participants.

OBSERVE

The observation method for data collection involves watching the behavior of the chosen subject(s). Observations can give additional information on individual behavior than interviews. Informal observation can occur during the interview process, as the interviewer observes the subject and his or her surroundings. Photographs are a more formal tool for observation that can be used to complement the data collected via interviews and informal observations.

It is extremely important that those involved in writing human interest stories abide by current professional ethics, standards, and regulations regarding confidentiality, informed consent, and potential risks or harms to participants.

in the interview. If the interviewee accepts that that the interviewer will not be able to remember everything that is said, the tape recorder can allow the interviewer to participate more actively in the conversation and ensure that important information or quotations are not overlooked. If the interviewee hesitates or refuses, an alternate solution is to take notes.

TAKE PHOTOGRAPHS

Usually the best photos are those that evoke emotion, are simple, and present the subject in a clear uncluttered way. Here are some suggested tips for taking photographs of human interest story subjects:

- *Always ask permission:* Even if the individual has agreed to be interviewed, he or she might not feel comfortable being photographed. It is important to be respectful of cultural and ethical norms.
- *Create a comfortable atmosphere:* Do what you can to put the subject of the photograph at ease. One way to do this is to allow the subject to help make the decisions as to when and where the photographs will be taken.
- *Look for a good location:* Consider lighting, context, and comfort.
- *Try to create meaning:* Try to think of a photo that will help to explain, clarify, or strengthen the participant's story.
- *Limit the number of subjects in the photograph:* Photographs with lots of people (4 or more) tend to be less powerful.
- *Minimize the number of objects and/or people in the background:* Try to make the background simple.
- *Think about color:* Find a neutral background and note the color combination between the background and the subject's clothing.
- *Get close to your subject:* Close up photographs are often more powerful.
- *Use available light instead of a flash:* Where possible, try to use natural light, although flash lighting may be a helpful complement. Ideally, the light source should be from the side, rather than from the front or back, to ensure greater contrast.
- *Provide copies of the photos to the subjects:* Often the individuals being photographed are interested in receiving copies of the photographs. For this reason, be sure to note the contact details of the subjects so that photographs can be sent at a later date.
- *Use the "rule of thirds":* Place the subject in the left/ right or top/ bottom third of the frame.

STEP 5: Write the human interest story

Below is an example framework you can use to write your human interest story. However, you should not feel constricted by this framework. As previously highlighted, human interest stories are meant to be creative. This means

that you should feel free to form the story according to your own style.

The best photos are those
that evoke emotion, are simple,
and present the subject in a clear
uncluttered way.

Introduction: Writing human interest stories requires following many of the basic techniques used in journalism. The introduction to the human interest story should address what is known as the “five W’s and the H”—who, what, where, when, why, and how. These questions should ideally be answered in the opening paragraph of the story, also known as the lead. In many human interest stories, a soft introduction works best. In addition to providing information on the five W’s and the H, the introduction should place the story in a relevant context and background. A variation of a soft lead is the anecdote, which is a brief narrative of an event.

Body: Once the “who, what, when, where, why and how” are included in the introduction, human interest stories should describe the impact of the vaccine introduction on the individual’s life. In particular, the story should focus on the specific problem or challenges confronted by the individual, and the concrete ways in which access to the vaccine has helped the individual and his or her family to overcome or address these challenges. While the structure and content of human interest stories can vary according to the story purpose, focus, and type, at a minimum stories should include the following information:

- Specific condition or characteristics of the individual prior to the vaccine introduction
- Specific vaccine introduction activities (if any) in which the individual participated
- Specific positive impact on the individual’s life from the vaccine introduction

- General information about the vaccine and the introduction

What to Do: In addition to this general framework, some practical tips for writing human interest stories include:

- Try to keep the story short and concise. Stories of approximately 500 to 750 words are sufficient to provide the necessary details and keep readers' interest. A story can be condensed to one paragraph if appropriate and necessary.
- Keep your target audience in mind when writing the story. The tone and focus of a story will vary depending on if it is written for donors, the media, other countries, or another audience.
- Focus on qualitative information, supported by quantitative data.
- Include direct quotations from interviewees, immunization, and partner staff. Quotations can help to personalize the story.
- Include and explain details that will help non-technical readers understand any technical information provided (again, think about your audience and what their level of technical knowledge is).
- Provide context and perspective for the information provided. For example, if the story mentions vaccination coverage in a village, compare this with average coverage in the country or region.
- Focus on the subject's personality, surroundings, and his/her appearance if relevant to the vaccine's impact. For example, if the project specifically focuses on the introduction of the measles and rubella vaccine, and the story might give information about the physical appearance of a child who had congenital rubella syndrome. These characteristics can be enhanced, complemented, or replaced by photographs.
- Check the story's readability by asking a representative of the intended audience to proofread it.

What to Avoid: Try to avoid doing the following:

- Don't overdramatize information in the story, as this may lessen credibility.
- Don't make qualitative judgments about the individual's appearance, character, or experience as this might cause skepticism about the writer's objectivity.
- Don't use unfamiliar acronyms, jargon, or foreign words without explaining what they stand for.

- Don't portray local cultures or knowledge as backward or outdated.

Some examples of human interest story are provided in Annex 3.

STEP 6: Disseminate the human interest story

DEVELOPING A DISSEMINATION PLAN

As mentioned before, oftentimes a great deal of work goes into producing human interest stories, while relatively little time is spent sharing the finished product. It is critical to develop a dissemination plan that includes how and when human interest stories are to be shared.

Identify possible outlets for the story. In the dissemination plan you should include:

- Any approval processes required before dissemination
- Outlets to be targeted for your deliverables
- Dissemination activities to be conducted
- Person who responsible for conducting dissemination activities

Dissemination activities: Below is a list of the type of activities you might consider including in your dissemination plan:

- **Publish articles in print and online media:** Publishing articles is the most traditional way to disseminate human interest stories. There are many different places you can consider to publish including newspapers, newsletters, blogs, etc.
- **Leverage an influential spokesperson:** Identify a person or people viewed as credible with each of your target audiences and reach out to see if they are interested in helping share your messages.
- **Post videos:** Post videos on organization/partner websites as well as YouTube
- **Engage the media:** Consider submitting stories to local, regional, and international newspapers.
- **Distribute materials to donors:** Ensure you disseminate the human interest stories among all types of donors to show them the difference their donations are making in the life of people around the world.
- **Think outside of the box:** Don't forget to think outside the box and try innovative ways to disseminate the human interest stories.

ANNEX 1. SAMPLE INTERVIEW QUESTIONS FOR CASE STUDIES AND HUMAN INTEREST STORIES

Sample interview questions for case studies

Note: The following interview questions are based on the introduction of a sample vaccine, the inactivated polio vaccine (IPV). These questions are meant to be illustrative and should be adapted accordingly to whichever vaccine is being introduced. Also remember that these questions are only intended to help you create your own list of questions based on the theme and purpose of your case study. There is no need to feel compelled to ask every question on this list

and feel free to ask additional questions that are not included on this list.

DECISION-MAKERS

Below is a list of questions you can ask a high-level decision-maker such as a member of the National Immunization Technical Advisory Group (NITAG), a national immunization expert, a public health expert, a high-level government official, a health economist, or another influential person:

Topic	Potential questions for decision-makers
Decision-making	<p>Who were the main stakeholders involved in the decision to introduce IPV?</p> <p>When and why did stakeholders first begin discussing IPV introduction?</p> <p>When and from whom was the formal commitment to introduce IPV obtained?</p> <p>Which stakeholders had the strongest influence?</p> <p>Was the decision-making process different for IPV than the decision-making process for introducing other vaccines? If so, please elaborate.</p> <p>What influence did the SAGE recommendation and/or WHA endorsement of the Polio Eradication & Endgame Strategic Plan have on the decision?</p> <p>What influence did the joint letter from the WHO and UNICEF in January 2014 have on the decision?</p> <p>Was there a regional recommendation that influenced the decision?</p> <p>Were there any significant challenges to making the decision to introduce IPV? If so, explain the challenges and how they were overcome.</p> <p>Was there any other vaccine(s) that was being considered for introduction at the time this decision was made? If so, did the decision to introduce IPV impact the decision to introduce any other vaccine(s)?</p>
Age/visit of IPV	<p>How many doses of IPV were introduced? Why was this particular number of doses chosen (e.g. cost, cold chain space available, etc.)?</p> <p>At which visit(s) (e.g. DTP1, DTP2, and/or DTP3) is IPV administered? Why was this particular visit chosen?</p> <p>At what age(s) (e.g. 6 weeks, 10 weeks, and/or 14 weeks) is IPV administered? Why was this particular age chosen?</p> <p>What were the main considerations for these decisions (e.g. SAGE recommendation, VAPP data, immunogenicity, fit with schedule, example of other countries, etc.)?</p>
Implementation	<p>What was the original date planned for IPV introduction? Why was this particular date chosen?</p> <p>What was the actual date IPV was introduced?</p> <p>Was there a delay in the introduction? If so, what was the main reason for the delay?</p> <p>Was IPV introduced nationally or in a phased manner? If phased, why?</p> <p>Was IPV introduced jointly with another vaccine(s)? If so, what were the benefits of the joint introduction? Were there significant challenges associated with the joint aspect of the introduction?</p>

Presentation/ Procurement	<p>Which presentation (e.g. 1 dose, 5 dose, 10 dose, or combination vaccine) is being used?</p> <p>Why was this particular presentation selected (e.g. cold chain space, wastage, etc.)?</p> <p>What was the method of procurement of IPV (via UNICEF Supply Division, direct procurement, domestic production, PAHO, etc.)?</p> <p>Were there any significant challenges associated with the procurement process? If so, please elaborate.</p> <p>Was WHO-prequalified vaccine accepted or did the country register the vaccine? If the country registered the vaccine, were there any significant challenges associated with this process? If so, please elaborate.</p>
Multiple injections	<p>When deciding to introduce IPV, was a potential increase in the number of injections a child would receive at a single visit discussed?</p> <p>If so, how did impact the decision-making process for IPV?</p>
Financing	<p>How is the cost of IPV being financed (e.g. Ministry of Health budget, Gavi, other)? Include both the cost of vaccine and the cost of introduction activities.</p> <p>Did the increased cost of introducing IPV make it difficult to recommend IPV introduction?</p> <p>Did cost affect the number of IPV doses that were recommended?</p> <p>How did you convince the Ministry of Finance to support IPV introduction?</p> <p>Who was involved in the financial discussion?</p>

IMPLEMENTERS

Below is a list of questions you might ask national, regional, and local immunization program staff/volunteers related to preparation and implementation of IPV introduction:

Topic	Potential questions for implementers
Coordination	<p>Who was the main stakeholder(s) responsible for the coordination of IPV introduction?</p> <p>Which stakeholders were involved in the implementation of IPV introduction?</p> <p>Are there other stakeholder that were not involved that should be involved in the future (e.g. professional associations, civil society, NGO health care providers)?</p>
Presentation/ Procurement	<p>Which presentation (e.g. 1 dose, 5 dose, 10 dose, or combination vaccine) is being used?</p> <p>Why was this particular presentation selected (e.g. cold chain space, wastage, etc.)?</p> <p>What was the method of procurement of IPV (via UNICEF Supply Division, direct procurement, domestic production, PAHO, etc.)?</p> <p>Were there any significant challenges associated with the procurement process? If so, please elaborate.</p> <p>Was WHO-prequalified vaccine accepted or did the country register the vaccine? If the country registered the vaccine, were there any significant challenges associated with this process? If so, please elaborate.</p>
Training	<p>How many trainings did you conduct at each level (e.g. national, regional, and local)?</p> <p>What type of training model did you use (e.g. cascade trainings, a single central training, etc.)?</p> <p>How long before the date of the IPV introduction did you train your staff on IPV?</p> <p>Did you train staff only for IPV or did you include IPV with other vaccine trainings?</p> <p>Given your experience, if you were to re-do the training for IPV, what would you do the same? What would you do differently?</p>

Updating materials	<p>Were the immunization cards, forms, vaccine stock forms, vaccine procedures, and guides revised, printed, and disseminated before IPV introduction?</p> <p>Did you have difficulty updating the forms before IPV introduction?</p> <p>If the forms were not updated before introduction, what systems did you use to ensure that children would still be vaccinated for IPV?</p> <p>Did this system work? How could it be improved?</p>
Communication	<p>Did you develop a communications plan for IPV introduction?</p> <p>Were there any assessments conducted to identify caregiver's concerns related to IPV introduction?</p> <p>What messages did you use to communicate to the public about IPV introduction?</p> <p>What messages were the strongest? Which types of media were most effective?</p> <p>What messages did not work? Which types of media were not effective?</p>
Community mobilization	<p>Were there any community mobilization activities implemented before the introduction?</p> <p>Which community mobilization activities were most effective?</p> <p>Which activities were least effective?</p>
Cold chain	<p>Did you have to expand the cold chain in order to accommodate IPV?</p> <p>Did you face any challenges in updating the cold chain? If so, what?</p>
Monitoring	<p>Did you conduct visits to districts before IPV introduction to monitor their readiness for introduction?</p> <p>Did you conduct monitoring and supervision following IPV introduction?</p> <p>What type of monitoring did you perform?</p>
Acceptability	<p>Before IPV introduction, were there concerns that caregivers would not accept IPV?</p> <p>Following IPV introduction has there been any evidence that caregivers have not accepted IPV vaccination for their child?</p> <p>If so, do you know what the main reason for non-acceptance?</p> <p>Has there been any reluctance due to multiple injections?</p>
Eligibility Policy	<p>What is the policy for determining if a child was eligible to receive IPV?</p> <p>Was there problems related to determining the eligibility of a child?</p>
Stock management	<p>Did IPV arrive on time at the central level?</p> <p>If there was a delay, what was the reason for the delay?</p> <p>Did you experience any shortages of IPV? If so, what was the cause of the shortages?</p> <p>Did you face any challenges in managing the stock of IPV? If so, what?</p>
Concurrent introduction	<p>Did you introduce another vaccine within 1 year of introducing IPV?</p> <p>If so, was IPV and the other vaccine introduced on the same date or on different dates?</p> <p>If on different dates, how much time was there between introductions?</p> <p>What were the advantages of the approach you used?</p> <p>What were the disadvantages of the approach you used?</p> <p>What would you recommend doing in the future?</p>
Waste management	<p>Do you repair, expand or add any waste management facilities to handle the additional wastage (e.g. vial, AD syringes) generated by the new vaccine?</p>

Sample interview questions for human interest stories

Below is a list of questions you can consider asking during an interview for a human interest story. It should be emphasized that these questions are meant to inspire you—but anyone interviewing for a human interest story should be prepared to think on his/her feet. Creativity and spontaneity are often part of finding a good story. Also, note that the following interview questions are based on a sample vaccine, the introduction of the inactivated polio vaccine (IPV). These questions should be adapted accordingly to whichever vaccine is being introduced.

SURVIVOR

Below is a list of questions you might consider asking a polio survivor you are interviewing for a human interest story.

1. What is your name?
2. What is your favorite thing to do (favorite hobby)?
3. At what age did you get diagnosed with polio? Do you remember the moment you learned you had polio?
4. Can you describe what it feels like to live with polio? How does it make your life difficult?
5. How does having polio affect activities of daily life?
6. Are you excited about the introduction of the inactivated polio vaccine (IPV)?
7. What does the introduction of the inactivated polio vaccine (IPV) mean to you?
8. What would polio eradication mean to you?
9. What would you say to caregivers who are thinking about not vaccinating their child against polio?

CAREGIVER OF A CHILD AFFECTED BY A VACCINE PREVENTABLE DISEASE

Below is a list of questions you can ask caregiver who has a child that has polio. It might be good to compare and contrast two families: one that has a child with polio and one that does not.

1. What is your name?
2. What is your favorite thing to do (favorite hobby)?
3. How did you feel when your child first became sick? Were you scared?
4. How did it feel when you first heard that your child had polio?
5. What is it like caring for a child who has polio?
6. What was most difficult part of your responsibilities as a caregiver?
7. Did you seek treatment for your child? Was it difficult to get treatment? Was it expensive?
8. Do you worry about the future of your child?

9. Was there anybody you relied on for support? Who? How were they helpful?
10. Are you excited about the introduction of the inactivated polio vaccine (IPV)?
11. What does the introduction of the inactivated polio vaccine (IPV) mean to you?
12. What would polio eradication mean to you?
13. What would you say to another caregiver who was thinking about not vaccinating his/her child against polio?

HEALTHCARE WORKER OR VACCINATOR

Below is a list of questions you can ask a healthcare worker or vaccinator. Ideally, the person you are interviewing should be passionate about immunization.

1. What is your name?
2. What is your favorite thing to do (favorite hobby)?
3. How long have you been a healthcare worker/vaccinator in this community?
4. Why did you become a healthcare worker/vaccinator?
5. Do you remember a time when there were people in your community who suffered from polio?
6. What does IPV introduction mean for your community?
7. Are you happy IPV is being introduced in your community?
8. How has the community changed since polio has been eliminated from your community?
9. How has the community changed since IPV has been introduced?
10. What are two or three words that would describe how you felt when IPV was introduced?

LOCAL COMMUNITY LEADER OR INFLUENTIAL MEMBER FROM CIVIL SOCIETY

Below is a list of questions you can ask a local community leader or an influential member from civil society (such as a pediatrician or celebrity) that is an advocate fighting for the introduction of a vaccine.

1. What is your name?
2. What is your favorite thing to do (favorite hobby)?
3. When did you become involved in advocacy for vaccines?
4. Why did you become involved in advocacy for vaccines?
5. Was it easy or difficult to convince people to introduce IPV? Why was it easy? Why was it hard?
6. Are you involved in advocating for the introduction of other vaccines? Which ones?
7. Why do you think introducing IPV is important?
8. What does IPV introduction mean to you?
9. What would polio eradication mean to you?
10. How your community/country changed since polio was eradicated?

ANNEX 2. EXAMPLE CASE STUDIES ABOUT VACCINE INTRODUCTIONS

CASE STUDY: Document on communication for Inactivated Polio Vaccine (IPV) introduction in Nepal

Title: Nepal: First Inactivated Polio Vaccine (IPV) Introduction in South Asia and among GAVI eligible countries globally, a Communication Case Study

Document type: Long document

Theme: Communications

Author: UNICEF Nepal Country Office

http://www.who.int/immunization/diseases/poliomyelitis/endgame_objective2/inactivated_polio_vaccine/case_studies/en/

NEPAL: First Inactivated Polio Vaccine (IPV) Introduction in South Asia and among GAVI eligible countries globally



The first baby immunized with inactivated polio vaccine at the launch ceremony in Kathmandu, Nepal
Photo: CShekhar/UNICEF

Communication Case Study

Prepared by UNICEF Nepal Country Office

CASE STUDY: Powerpoint about Rotavirus vaccine introduction in Ghana


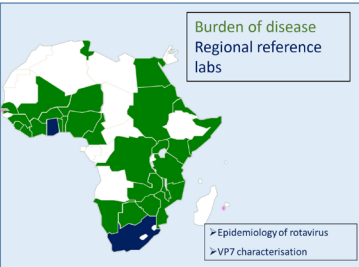

Title: Rotavirus Vaccinating in Africa Ghana Case Study



Document type: Powerpoint Presentation

Theme: Lessons learned during introduction process

Author/presenter: GE Armah, Noguchi Memorial Institute for Medical Research, ROTA Council

Link: A preview of some sample slides are shown below. Full presentation is available at: <http://rotacouncil.org/resources/Rotavirus-Vaccination-in-Africa-Ghana.pdf>

<h3>Rotavirus Vaccinating in Africa Ghana Case Study</h3> <p>GE Armah Noguchi Memorial Institute for Medical Research ROTA Council</p> 	<h3>Pre-vaccine introduction</h3> <p>African Rotavirus Surveillance Network</p>  <p>Objectives:</p> <p>Burden of Disease</p> <ul style="list-style-type: none">• Number of diarrhoea hospitalizations• Proportion of diarrhoea hospitalizations attributable to rotavirus• Age specific diarrhoea hospitalizations attributable to rotaviruses• Duration of hospitalization for rotavirus associated diarrhoea• Strain surveillance<ul style="list-style-type: none">– Circulating strains– New reassortant 
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<h3>National decision making</h3> <p>• Key information</p> <ul style="list-style-type: none">• Information about the disease• Disease burden• WHO recommendations about the vaccine• Characteristics of the current available vaccines• Vaccine efficacy• Vaccine safety• Vaccine supply• Cost effectiveness• Vaccine cost and financial sustainability• Other interventions for the disease 	<h3>Lessons Learned (1): New vaccine and perceptions</h3> <ul style="list-style-type: none">• Linking of the introduction of rotavirus vaccine as a tool to help country achieve the MDGs goals facilitated the broad acceptance by both health care workers and the general public.• The widespread understanding of the impact of diarrhea on children appeared to have played an important role in allaying concerns among parents about the administration of the additional vaccines to their children.• The avoidable burden of disease among children from vaccination was perceived by health care providers as a worthwhile trade-off for the additional workload associated with administering a new vaccine. 
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CASE STUDY: Peer-reviewed article on decision-making about vaccine introduction in South Africa

Title: Introduction of inactivated polio vaccine (IPV) into the routine immunization schedule of South Africa

Document type: Peer-reviewed Journal article

Theme: Decision-making for IPV introduction

Author: Barry D. Schoub

Full citation: Schoub, BD. Introduction of inactivated polio

vaccine (IPV) into the routine immunization schedule of South Africa. *Vaccine*. 2012 Sep 7;30 Suppl 3:C35-7. doi: 10.1016/j.vaccine.2012.02.056. PMID: 22939019

Link: Available on Pubmed at <http://www.ncbi.nlm.nih.gov/pubmed/22939019>

Vaccine 30S (2012) C35–C37



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Contents lists available at SciVerse ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine



Review

Introduction of inactivated polio vaccine (IPV) into the routine immunization schedule of South Africa

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ARTICLE INFO

Article history:

Received 11 October 2011

Received in revised form 7 December 2011

Accepted 21 February 2012

Keywords:

Inactivated polio vaccine

Oral polio vaccine

Mucosal immunity

Herd immunity

Vaccine associated paralytic polio

Pentavalent vaccine

Endgame planning

ABSTRACT

South Africa is currently the only country on the African continent using inactivated polio vaccine (IPV) for routine immunization in a sequential schedule in combination with oral polio vaccine (OPV). IPV is a component of an injectable pentavalent vaccine introduced nationwide in April 2009 and administered according to EPI schedule at 6, 10 and 14 weeks with a booster dose at 18 months. OPV is administered at birth and together with the first IPV dose at 6 weeks, which stimulates gut immune system producing a memory IgA response (OPV), followed by IPV to minimize the risk of vaccine associated paralytic polio (VAPP). OPV is also given to all children under 5 years of age as part of regular mass immunizations campaigns. The decision to incorporate IPV into the routine schedule was not based on cost-effectiveness, which it is not. Other factors were taken into account: Firstly, the sequence benefits from the initial mucosal contact with live(vaccine) virus which promotes the IgA response from subsequent IPV, as well as herd immunity from OPV, together with the safety of IPV. Secondly, given the widespread and increasing use of IPV in the developed world, public acceptance of vaccination in general is enhanced in South Africa which is classified as an upper middle income developing country. Thirdly, to address equity concerns because of the growing use of IPV in the private sector. Fourthly, the advent of combination vaccines facilitated the incorporation of IPV into the EPI schedule.

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ANNEX 3. EXAMPLE HUMAN INTEREST STORIES ON VACCINE INTRODUCTIONS

HUMAN INTEREST STORY: Blog post about IPV introduction from parents who have polio

Title: DR Congo's introduction of inactivated polio vaccine – seen through the eyes of a mother and father

Story type: Blog posted on Global Health website

Theme: The introduction of a polio vaccine from perspective of two parents that both have polio

Author: Phill Moore at Gavi

Outlet: Gavi, The Vaccine Alliance, website

Date: 17 April 2015

Link: <http://www.gavi.org/Library/News/Eyewitness/2015/DR-Congo-s-introduction-of-inactivated-polio-vaccine-%E2%80%93-seen-through-the-eyes-of-a-mother-and-father/#sthash.4nhTRQUE.dpuf>



Today I met Evariste and Marie-Josée. They have been husband and wife for 29 years with three sons who go to school and are doing very well in their exams. It sounds like the perfect family and they are indeed very happy. But, as we talk, I learn that their true story is far from perfect.

Both Evariste and Marie-Josée contracted polio as young children: Evariste when he was only three years-old, his wife at the age of 8. He needs a bicycle chair to move around while Marie-Josée needs crutches to walk.

Now 52 years-old, Marie-Josée can still remember the physical pain and also how her parents divorced because

of her illness. She recalls how the local neighbourhood said that a spell had been cast on her as she was the only one in the family to catch polio. She reflects sadly on the reality of growing up alone, with crippled legs that blocked her from having a normal life.

Evariste's story is very different because his father always supported him and his family respected him in spite of his handicap. As the older son, his words were always listened to and orders followed. Now 63 years-old and retired, he looks back at his life with pride. He worked, had decent jobs and nobody would take much notice of his legs.

In contrast, Marie-Josée is much more bitter. For her it was difficult to find work. She tried to get a diploma in sewing but never finished the course. Occasionally, she sold goods at the market, but it was difficult because people did not help her. Money was always scarce.

Today, Marie-Josée still works, sewing African rag dolls that she sells for 12 dollars each at the market.

The income lets her subsist but, with two of her sons still at school, it is not enough. She also needs to buy new braces as the ones that she wears hurt her feet while Evariste wants a new chair bicycle. His current one dates back to 1963.

Meeting Evariste at their local church was a dream come true. When Marie-Josée talks about their first meeting, there is a light in her eyes that matches the one in Evariste's eyes. They named their last son who is now 15 "Dieu Merci" ("Thanks God"). Evariste and Marie-Josée explained to me that they are thankful for all the good things given to them. When I asked if they have one regret, they immediately answered that it was not being vaccinated against the scourge of polio.

All their children have received the oral polio vaccine and they constantly advocate for immunisation. They see the introduction of the inactivated polio vaccine as an important moment for DR Congo even if they could not see the images of the launch on television as they don't have power in their neighbourhood.

"If a vaccine had existed when we were young we would not have been like this" said Evariste.

HUMAN INTEREST STORY: Article about survivor advocating for meningitis vaccine introduction

Title: Meningitis survivor convinces MP to join vaccine campaign

Story type: Media newspaper article

Theme: Survivor advocating for meningitis vaccine introduction

Outlet: Sunderland Echo

Date: 17 March 2015

Author: Petra Silfverskiold

Link: <http://www.sunderlandecho.com/news/health/meningitis-survivor-convinces-mp-to-join-vaccine-campaign-1-7159221>

AN MP has vowed to press for a vaccine against meningitis to be made part of routine childhood immunisations after meeting a woman who twice fought the condition.

Washington and Sunderland West MP Sharon Hodgson has teamed up with constituent Vivienne Bell, who was left with permanent disabilities after surviving two battles with the killer brain bug.

“I will continue to press for action in parliament, and I am currently awaiting a response from Jeremy Hunt to see if the government will change their current position.” Sharon Hodgson MP

Vivienne, 63, from Washington, first beat the disease in 1983, but it returned in 2008, costing the grandma and mum-of-three both her legs and several fingers.

Sharon has contacted health secretary Jeremy Hunt at former hairdresser Vivienne’s request, to ask why the meningococcal Group B (MenB) vaccine has still not been rolled-out. The vaccine was recommended by the Joint Committee for Vaccination and Immunisation (JCVI) on March 21, last year, to be routinely given to children in the UK. But almost a year on, there are no signs that the vaccine will become part of the childhood immunisation programme.

The pair discussed Vivienne’s experiences at her home in Concord, and Sharon promised to continue to pressure the Government to introduce the vaccine as quickly as possible.

“It was such a pleasure to talk to Vivienne about her campaign,” Sharon said. “Her story is truly incredible, and



she is a real credit to our area for what she has done to campaign on this issue.

“Getting this vaccine out to children is something I have pushed for in parliament for a number of years now, and for every day the government doesn’t act we are putting lives at risk.

“I will continue to press for action in Parliament, and I am currently awaiting a response from Jeremy Hunt to see if the Government will change their current position.”

The Meningitis Research Foundation has launched a #WheresOurVaccine petition, which can be signed at www.meningitis.org/wheres-our-vaccine

Its chief executive, Chris Head, said: “We appreciate that the JCVI stated that the vaccine recommendation was subject to a cost-effective price being agreed between the vaccine manufacturer and the DH, but these price negotiations have been ongoing since July 2014 and have stalled.

“The cost-effective price range for this vaccine was published in October last year with an upper limit only just over £20 – a substantial saving on the official NHS list price of £75. “As both the manufacturer and the government are negotiating within this published cost effective range, we cannot see why an accommodation cannot be reached.”

HUMAN INTEREST STORY: Videos about pneumococcal and rubella vaccines from mother and survivor



Title: A Mother's Story: Pneumonia Vaccine in The Gambia

Story type: Video

Theme: Mother who became an advocate after losing child to pneumonia—a vaccine-preventable disease

Outlet: GatesFoundation Youtube Channel

Date: 14 February 2011

Author/organization: Bill & Melinda Gates Foundation

Link: <https://www.youtube.com/watch?v=Tns7ihMMjYw>

Brief video description: This inspiring video tells the story of a mother from The Gambia who loses her child to pneumonia. She then rallies her village to participate in a vaccine trial to ensure all children in her community could have access to a life-saving pneumonia vaccine.

Title: Congenital Rubella Syndrome - Ian's story

Story type: Video

Theme: Rubella survivor speaking about living with the disabilities associated with Rubella

Outlet: Oxford Vaccine Group Youtube Channel

Date: 26 February 2013

Author/organization: Oxford Vaccine Group

Link: https://www.youtube.com/watch?v=v_aQVcaQ_OU

Brief video description: If a pregnant woman comes into contact with the German measles (rubella) virus, her baby is likely to suffer serious harm. Often this results in miscarriage, or if the fetus survives, the baby will be born with congenital rubella syndrome, that is affected by one or more disabilities such as mental handicap, visual impairment, deafness, heart abnormalities, among others. Here, Ian Capon talks about his experience of CRS.



HUMAN INTEREST STORY: Long article about a local religious leader who became a vaccine advocate

Title: The “Elephant King” of the Congo

Story type: Long article

Theme: How an anti-vaccine religious leader becomes an advocate for immunization

Outlet: Polio Info: Strengthening Communication for Polio Eradication, Stories from the field

Date:

Author: V. Petit & J. Pittenger at UNICEF

Link: http://www.unicef.org/infobycountry/drcongo_67983.html

In the past, “PP2” – a charismatic pastor of the Kitawala Filadelphie Sect in the Democratic Republic of the Congo (DRC) – counseled his religious followers to refuse vaccination against polio. Now he has begun to change his approach.

But the road to acceptance has been neither short nor easy. From hours spent passing a Swahili Bible back and forth in search of the final word on vaccinations; to a surprising decision to send young members of the sect away for

medical training; to secret vaccinations in the dark of night – we trace, in this three-part series, the path of an unlikely alliance with a man who calls himself “The Elephant King.”

PART 1 OF 3: GAINING THE EAR OF AN ELEPHANT KING

On the day he fell, eight-year old Little Mandela woke up in perfect health. He went to the village school. He played football with the other kids. But on this day, Little Mandela’s legs – the legs of a boy named after a great African hero – stopped working.

When told that Mandela’s sickness was polio, and that it was incurable, his parents took him to see a local mystic. The mystic said he would cure the boy. He dug a hole in the ground. He buried Little Mandela up to his hips, in an upright position, with the trunk of his small body in the open air. He left Little Mandela like that, half-buried, for a month. Southeastern DRC’s Katanga Province – where a grown-up





Mandela now tells his story, hoping it will encourage parents to immunize their children – has the highest polio vaccine refusal rate in the world. A staggering 40% or more of all unvaccinated children here actually have access to the vaccine, but are exposed to polio anyway by parents who refuse to let them take it. This decision is heavily influenced by local religious leaders who misunderstand, and therefore fear, the vaccine.

It is in pockets of resistance like this one that polio often attacks today. In 1988, there were an estimated 350,000 cases of polio worldwide. In 2012, 222 cases were reported. Of 39 genotypes of the virus, there are now only four. Fantastic progress has been made possible by an effective vaccine and coordinated international efforts.

Yet five countries are still considered high risk. So-called “sanctuaries” for the virus have been created by large pockets of unvaccinated children in the tribal areas of Pakistan, southern Afghanistan, rural Chad, northern Nigeria and southeastern DRC. These pockets threaten to bring the virus back into circulation, even as the world is closer than ever before to wiping it out. Polio has disappeared by 99.9%. But it is the remaining 0.1% of the work that is the most difficult, the most expensive – and the most important.

Today, in Katanga’s Tanganyika District, Little Mandela has grown into Papa Mandela. He is now 30 years old, yet his body still seems split in two. His trunk is massive, the result of years of pulling himself on crutches to all the places his legs cannot take him. His legs are like ghosts. One imagines them, rather than sees them, in jeans that seem to float, empty, on his body.

Megaphone held tightly in his callused hand, Papa Mandela speaks before a crowd. His voice is warm and sad at the same time. His words aim at the greatest fears of his audience: the fear of whites, of outsiders, and of their intentions. *“In any case, my dear brothers and sisters, do not hide your children by saying this vaccine kills.”*

If the white man wants to kill us, he’ll kill us anyway. Does anyone eat food without salt here? Whoever eats porridge without sugar? If whites want to kill you, they will poison you, because there is nobody who can eat food without salt. Is it not so?

We gave you the mosquito nets. They were white, but the mosquito nets you accepted. Agree to vaccinate my little brothers and sisters, this is the only thing I ask!”

Tanganyika District overflows with groups that oppose vaccination. To their detractors, they are sects. To their followers, they are churches. Either way, these spiritual groups are ubiquitous in local life. Some are the size of a village. Others group together several religious leaders, or “Pastors,” and have many thousands of fervent followers. The Kitawalas are one such group.

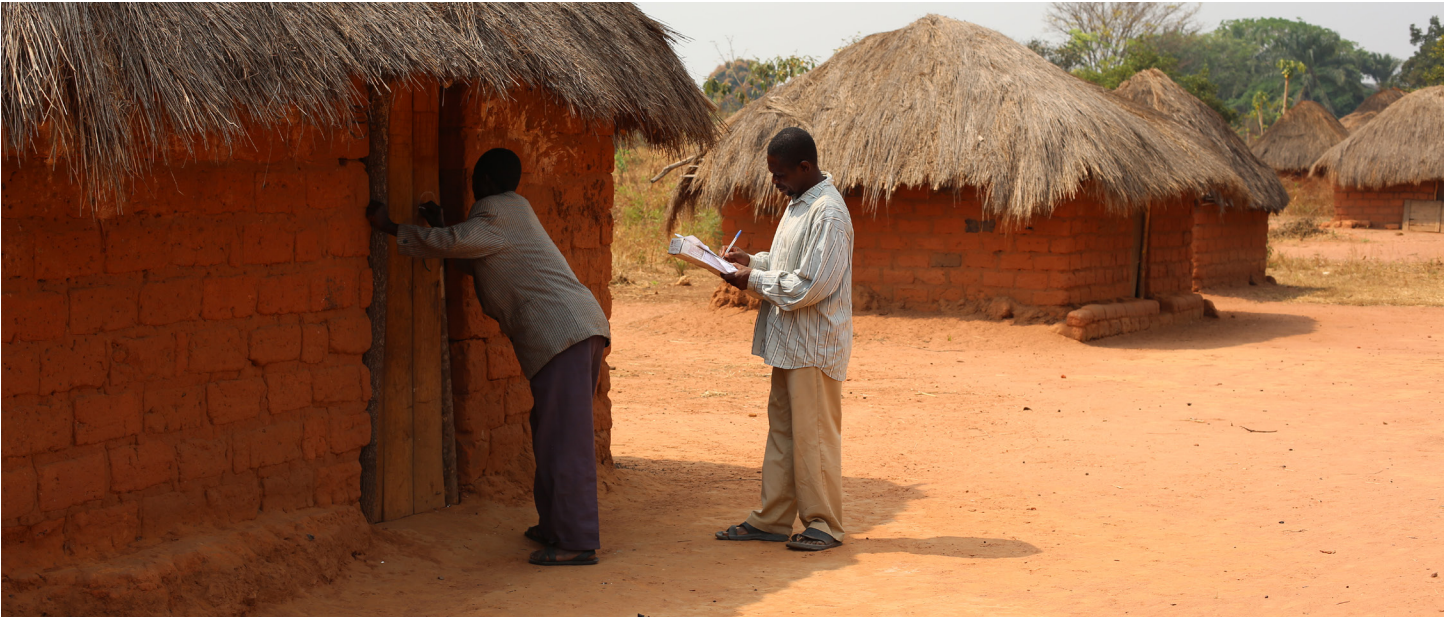
Absent in the crowd listening to Papa Mandela on this day are the Pastors themselves, whose teachings have a huge influence on the day-to-day decisions of their followers. Pastors, that is, like “PP2,” a colorful and influential leader of the Kitawala Filadelphie sect with whom UNICEF has forged an unlikely alliance in the fight against polio.



PP2, whose name is short for Pastor Paul 2, calls himself “The Elephant King.” At fifty-four years of age, he is the highest authority of the Kitawala Filadelphie movement, and everyone feels it. His every move is scrutinized, his word is respected, and his entourage is totally dedicated to the daily care of the elephant.

The Kitawalas follow a doctrine that rests on three pillars: A deep mistrust of Western civilization; a resistance of anything that comes from the Congolese State; and “life according to nature,” in which Jesus’ way of life in biblical times is seen as both a guide to daily life and a reason to protect against the intrusion of the modern world.

Kitawalas do not vote. They do not send their children to school. They do not use modern medicine, preferring the virtues of home brews and prayer. They reject technology. The most radical amongst them do not wear shoes or belts



because the buckle signifies iron, which signifies the white man – which in turn signifies the suffering of the Congolese at the hands of the West.

Upon taking power, PP2 was opposed to vaccination in general, and to vaccinating against polio in particular.

I refused the vaccine because of God. In the Bible, Matthew speaks of King Herod. He had learned that a baby king was born in the country, and he went into the hospital. He went there to kill all children aged zero to five years. Book of Matthew, Chapter 1, Verse 1-50.

At the time we saw polio occur in the hospital, we also saw the polio vaccine coming here for free. The vaccine is also for children from zero to five years. How can we explain this?"

PP2 was first approached by UNICEF in 2009; he had never before been in contact with health authorities. It took many months to gain PP2's confidence, and to understand both his doctrine and its foundations. The "Elephant King" was fierce in his beliefs, but open to dialogue. Along the way, he shared more about why the group was refusing the vaccine:

"In 1880, when the Church came, they told us to stop our practices of natural medicine and bloodletting. The whites told us, 'Stop using medicines to protect you. Stop protecting yourselves. The only great healer is God.'

So we took our methods and we threw them out. After we'd thrown out everything, the white man came back to tell us: 'Come, this time I will give you medicine to protect you.'"

The Kitawalas deeply mistrusted a vaccine that was both approved by the Congolese State and produced in Europe. Their fear was fed when mass immunization teams marked

numbers on houses to show how many children had been vaccinated there. The Kitawalas cited the Apocalypse and the marking of homes. They called it "the mark of the beast."

Armed with a stronger understanding of the Kitawalas' fears, the local team – made up of a community mobilizer and the area's chief doctor – shared their perspective with PP2. A long discussion began, one that revolved mainly around the role of divine will in the death of children. Did God want human beings to step aside while children died or were paralyzed? Or might God approve of a little help from a vaccine?

A Swahili Bible was passed from hand to hand for hours at a time, over the course of months, as PP2 and the community organizers discussed the question. But even as PP2 himself became more open to the idea, he warned of the challenge: Changing the attitudes of thousands of people born into the Kitawala doctrine would never be easy.

Read Part 2 at: http://www.unicef.org/infobycountry/drcongo_68046.html

Read Part 3 at: http://www.unicef.org/infobycountry/drcongo_68548.html



ANNEX 4. POTENTIAL CHANNELS FOR DISSEMINATION

IMMUNIZATION NEWSLETTERS

- WHO: Global Immunization Newsletters (GIN)
- TechNet-21: The Technical Network for Strengthening Immunization Services (<http://www.technet-21.org/>)
- GAVI: The Vaccine Alliance at work
- Measles and Rubella Initiative
- RotaFlash
- Polio News (Global Polio Eradication Initiative)

IMMUNIZATION RELATED BLOGS

- Vaccineswork (<http://www.vaccineswork.org/>)
- Impatient Optimists (Vaccine Topic) <http://www.impatientoptimists.org/Topics/Vaccines>
- Lancet Global Health Blog (<http://globalhealth.thelancet.com/>)
- Measles & Rubella Initiative Blog (<http://www.measlesrubellainitiative.org/blog/>)
- Defeatdd: Defeat Diarrheal Disease (<http://www.defeatdd.org/blog>)
- PATH blog (<http://www.path.org/news/>)
- UNICEF blog (<http://blogs.unicef.org/tag/vaccines/>)

TYPES OF CONFERENCES TO TARGET

- Vaccine and immunization conferences
- Pediatric conferences
- Infectious disease and microbiology conferences
- Global health conferences
- Maternal and child health conferences

PEER-REVIEWED SCIENTIFIC JOURNALS AND OTHER PUBLIC HEALTH PUBLICATIONS

- Vaccine
- Journal of Infectious Diseases
- Weekly Epidemiological Record (WER)
- Morbidity and Mortality Weekly Report (MMWR)



International Vaccine Access Center (IVAC)
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