How to prepare a press release

How to use this document

This document outlines the key elements of a press release and provides some advice for each of these. It also includes model press releases as case examples for inspiration.

Use the document for guidance and inspiration whenever you need to develop a press release.

How was this document developed?

This document is part of a WHO series of supporting documents concerning events that could erode confidence in vaccination. Such events can be related to vaccine safety, adverse events following immunization, changes in the vaccination programme, negative public debate, outbreaks or pandemics.

All documents were developed based on scientific evidence, laboratory research and fieldwork within psychology, social and behavioural science and communication and lessons learnt in countries. For an introduction to the theoretical background and evidence, refer to the WHO publication *Vaccination and trust*, available here: **www.euro.who.int/vaccinetrust.**

The supporting documents are intended for use by national

- ministries of health
- centers for disease control
- immunization programmes
- regulatory authority institutions.

PIP FRAMEWORK

World Health Organization
REGIONAL OFFICE FOR Europe

This document provides:

- Guidance on the development of a press release
- Two model press releases for inspiration

Focus: the 'hook'

A press release should always be held together by one central theme, i.e. a journalistic "hook" that will catch the interest of the journalist. Determine one theme, based on the objective of the press release and whom you are trying to reach. Keep the hook, objective and target group in mind when preparing the release.

Length

Keep it short. Your press release should be written to acquaint the editor with your news. It should provide pertinent information and entice the editor into following up on the story. It is not a report – it is an "appetizer" for the media. If it is too long the editor might not even bother reading it. Press releases, thus, should contain only essential elements. One or two pages of copy are more than sufficient for the majority of press releases.

Language

A press release should be straight-forward, lively and informative. Avoid jargon, medical terms, acronyms and lots of data. It should present all the relevant facts and be presented in a logical order. You may wish to prepare a fact sheet as an annex to the release with some more detailed information and data.

Elements of a press release

1. Headline
The headline should be short, enticing and to the point. The headline helps the editor quickly determine if the press release needs immediate attention or if it can wait.

2. Lead sentence (first paragraph)
The lead is the most important sentence in your release and should convey the most important point. The lead should include as many of the five Ws (who, what, when, where, why) as possible. One way to determine your lead is to list all the points you want to make, prioritize them and choose one for your lead.

3. Following paragraphs
The remainder of your press release should consist of short paragraphs that support your lead sentence.

4. Quotes
Quotes make a story more readable and more real. If you have a quote in your press release it should contain some information that is not found elsewhere in the release.

5. Release date
If there is no restriction on when your press release can be used, write "For Immediate Release" at the top of the page. Otherwise, write "restricted or embargoed until (date and time)".

6. Name and place of the news
Begin the text of the press release with the name of the sender of the release, the name of the city where the news is taking place (or from which the announcement originates). Or place the date and city at the top left side of the page.

7. Guidance for the reader
If you have more than one page of text, centre the word "more" at the bottom of the first page. This tells the editor that there is additional information. On the last page, just below the final paragraph of the release, centre the word "-end-". This indicates the end of text.

8. Contact
At the very end of the press release (after -end-) provide the name, email address, title, organization name and telephone number of the contact person. You can cite more than one contact person, but the key is to ensure that the contact person named is knowledgeable, well-prepared for difficult questions and not least reachable.

To **READ MORE** refer to:

- *Tips for spokespersons*
- *Myths and facts about immunization*
- *Vaccine safety messages*
- *How to respond to concerns about vaccination*
- *How to prepare a message map*
- *The questions journalists always ask in a crisis*
- *Crisis communication plan template*

euro.who.int/vaccinetrust

Model press release for withdrawal of vaccine

For immediate release:

Pentavalent vaccine (Easyfive™) removed from WHO list of prequalified vaccines

WHO, Geneva, 17 August 2011 - Following a routine audit conducted by a WHO team of one of the manufacturing sites of the vaccine manufacturer, Panacea Biotec, and the subsequent conclusions of an ad hoc committee convened by WHO, the pentavalent vaccine, Easyfive™, has been delisted from WHO's list of prequalified vaccines.

Easyfive™, so called because it contains five separate vaccines (diphtheria, tetanus, whole cell pertussis, hepatitis B and Haemophilus influenzae type b components) produced by Panacea was delisted as a result of deficiencies in quality systems found at the company's Lalru manufacturing site. The decision to delist was made because of the risk that the quality and safety of future batches of these vaccines will be compromised unless corrective action is taken by the manufacturer.

Dr John James, a spokesperson for the vaccines programme in WHO's Geneva Headquarters explained, "Batches of these vaccines already distributed to countries should not be recalled and should continue to be used. This is because there is no evidence of quality or safety defects with batches already distributed whereas there is a real risk, if immunization is withheld, of death or morbidity from the diseases against which the vaccines protect."

With regard to vaccine supply, the main concern brought about by this situation relates to sufficiency of the global supply of the pentavalent vaccine. WHO and UN procurement agencies have assessed that demand for pentavalent vaccine in 2011 can be filled by existing suppliers of prequalified pentavalent vaccine. Sufficiency of supply to meet demand will, in the long term, be dependent on the entry of new suppliers of quality vaccines to the market and/or countries switching to a liquid-lyophilised presentation.

WHO is committed to reassessment of the suitability of the affected products for prequalification as soon as it is appropriate to do so.

-end-

Contact person: Ms Hilda Greenslaid, Press Officer, Vaccine Programme, WHO Geneva. Tel: 44.797.6391, email greenslaidh@who.int.

Source: http://www.who.int/immunization/newsroom/newsstory_dtp_hepb_removed_prequal_list/en/index.html

Some of the details of the original press release have been modified for this document

Model press release for pandemic influenza vaccine

Source: http://www.who.int/mediacentre/news/releases/2007/pr60/en/

For immediate release:

Projected supply of pandemic influenza vaccine sharply increases

23 October 2007 | Geneva - Recent scientific advances and increased vaccine manufacturing capacity have prompted experts to increase their projections of how many pandemic influenza vaccine courses can be made available in the coming years.

Last spring, the World Health Organization (WHO) and vaccine manufacturers said that about 100 million courses of pandemic influenza vaccine based on the H5N1 avian influenza strain could be produced immediately with standard technology. Experts now anticipate that global production capacity will rise to 4.5 billion pandemic immunization courses per year in 2010.

"With influenza vaccine production capacity on the rise, we are beginning to be in a much better position vis-à-vis the threat of an influenza pandemic," Dr Marie-Paule Kieny, Director of the Initiative for Vaccine Research at WHO, said today. "However, although this is significant progress, it is still far from the 6.7 billion immunization courses that would be needed in a six month period to protect the whole world."

"Accelerated preparedness activities must continue, backed by political impetus and financial support, to further bridge the still substantial gap between supply and demand," she said.

This year, manufacturers have been able to step up production capacity of trivalent (three viral strains) seasonal influenza vaccines to an estimated 565 million doses, from 350 million doses produced in 2006, according to the International Federation of Pharmaceutical Manufacturers & Associations. According to experts working in this field, the yearly production capacity for seasonal influenza vaccine is expected to rise to 1 billion doses in 2010, provided corresponding demand exists.

This would help manufacturers to be able to deliver around 4.5 billion pandemic influenza vaccine courses because a pandemic vaccine would need about eight times less antigen, the substance that stimulates an immune response. Vaccine production capacity is linked to the amount of antigen that has to be used to make each dose of the vaccine. Scientists have recently discovered they can reduce the amount of antigen used to produce pandemic influenza vaccines by using water-in-oil substances that enhance the immune response.

The progress was reported Friday at the first meeting of a WHO Advisory Group on pandemic influenza vaccine production and supply.

The Global Action Plan Advisory Group, an independent, international committee of 10 members, met at WHO headquarters one year after eight new strategies to increase pandemic influenza vaccine were identified and published in the WHO Global pandemic influenza action plan to increase vaccine supply.

At the Advisory Group meeting, other progress on the Global Action Plan was discussed. WHO reported it is setting up a training hub that would serve as a source of technology transfer to developing countries.

The Advisory Group also discussed a new business plan which assessed options for further increasing vaccine production capacity and reviewed priority next steps. The three most valuable options include continuing to promote seasonal influenza vaccine programmes, supporting the industry to sustain production capacity beyond seasonal demand and enabling some vaccine production facilities to change, at the onset of a pandemic, from producing inactivated vaccines to live attenuated vaccines. Due to the higher yields obtained with live attenuated influenza vaccine technology, facility conversion could, by 2012, bridge the expected supply-demand gap and produce enough vaccine to protect the global population within six months of the declaration of a pandemic.

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