116019 – RESCEU
REspiratory Syncytial virus Consortium in Europe

WP6 – Project Management Project management and outreach to stakeholders

D6.4 Project Communication plan, branding and policies

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Due date	August 31st Sugust 2017
Delivery date	August 29th 2017
Deliverable type	R
Dissemination level	PU

Description of Work	Version	Date
	V1.5	August 29th 2017

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Document History

Version	Date	Description
V1.3	25th July 2017	First Draft
V1.4	21st August 2017	PMO review
V1.5	29th August 2017	SC review – Final version

Document description

Deliverable description	Plan for communicating the project progress and its results. It describes the dissemination objectives, target audience, tools and planned activities.
Keywords	Communication, Dissemination

Definitions

Participants of the RESCEU Consortium are referred to herein per the following codes:

UEDIN. University of Edinburgh (United Kingdom)
UA. Universiteit Antwerpen (Belgium)
UMCU. University Medical Centre Utrecht (Netherlands)
UOXF. The Chancellor, Masters and Scholars of the University of Oxford (United Kingdom)
SYNAPSE. Synapse Research Management Partners S.L. (Spain)
Imperial. Imperial College of Science, Technology and Medicine (United Kingdom)
SERGAS. Servicio Galego de Saúde (Spain)
TUCH. Varsinais-Suomen sairaanhoitopiirin kuntayhtymä (Finland)
RIVM. Rijksinstituut voor Volksgezondheid en Milieu - National Institute for Public Health and the Environment (Netherlands)
SSI. Statens Serum Institut (Denmark)
UMCG. Academisch Ziekenhuis Groningenand (Netherlands)
PENTA. Fondazione PENTA for the treatment and care of children with HIV-ONLUS (Italy)
AZ. Astrazeneca AB (Sweden)
Pfizer. Pfizer Limited (United Kingdom)
GSK Bio. GlaxoSmithKline Biologicals S.A. (Belgium)
SP. Sanofi Pasteur (France)
JPNV. Janssen Pharmaceutica, N.V (Belgium)
Novavax. Novavax Inc. (United States of America)

Grant Agreement. The agreement signed between the beneficiaries and the IMI JU for the undertaking of the RESCEU project (116030).
Project. The sum of all activities carried out in the framework of the Grant Agreement.
Consortium. The RESCEU Consortium, comprising the above-mentioned legal entities.
Consortium Agreement. Agreement concluded amongst RESCEU participants for the implementation of the Grant Agreement. Such an agreement shall not affect the parties' obligations to the Community and/or to one another arising from the Grant Agreement.

Publishable summary

The aim of this document is to describe the initial RESCEU Communication Plan, including project branding and policies. This communication plan has been designed in accordance with the general aims of the project, which are to develop robust evidence on Respiratory Syncytial Virus (RSV) disease burden and economic impact; to create a sustainable Europe-wide multidisciplinary, multi-stakeholder community (academia, public health organisations, scientific societies, patient organisations, regulatory agencies and industry); and to provide infrastructure to perform future pivotal trials for RSV vaccines and therapeutics.

Relevant information on RESCEU outcomes, progress and future plans must be shared with the appropriate audience to ensure project impact. This Communication Plan describes the dissemination objectives and key audience and establishes a strategy for the RESCEU project to reach out to them. Appropriate tools and channels have been identified and are described in this Communication Plan.

According to the RESCEU Description of Action, the aim of the Communication Plan is to raise awareness and to disseminate results to a wide range of stakeholders, as well as to promote community-building around the project.

The Communication Plan will be updated as needed considering the evolving needs and outcomes of the project.

Introduction

The Communication Plan is a written document that describes the communication objectives of a project, the target audience and the various actions and tools used to accomplish those objectives.

The initial RESCEU Communication Plan serves as a common framework for partners to plan and implement their dissemination activities. It will be used as a guideline adaptable to the different contexts and scenarios that may be encountered throughout the project's life cycle.

This activity will focus on the development of a Communication Plan for raising awareness of the project and its results among different stakeholders. Before undertaking the dissemination activities, a consistent strategy that allows for the maximization of the impact of the communication efforts should be designed.

For the development and deployment of the most appropriate Communication Plan in RESCEU, it is of outmost importance to identify the range of relevant target audience and to recognise and respect the role of each audience. A plan for dissemination includes the communication objectives, target audience, activities to be carried out and tools that will support their implementation, with connections among these components. It also includes an initial set of communication materials.

A range of communication tools have been produced and others will be developed (such as a project image, external website, newsletter, brochure, templates, etc.), that will serve as a basis for undertaking the communication actions, and reaching the audience identified.

On the other hand, internal communication, especially in large, complex and distributed projects such as this, is one of the key drivers of engagement in the project for consortium members and is proven to add significant value and contribute to substantial progress and achievement of project objectives.

A repository of all dissemination/communication activities planned or carried out will be created and maintained with the objective of giving proper visibility to all dissemination efforts undertaken and to facilitate reporting.

1. RESCEU communication strategy

The RESCEU communication strategy has been developed with due consideration of the Grant Agreement articles and Consortium Agreement clauses that touch upon dissemination and communication and it is based on four pillars:

1. Definition of the **communication objectives**
2. Identification of **target audience** to whom the communication activities should be addressed
3. Description of the **dissemination actions** to be undertaken, and
4. Identification of the specific **tools** to be used/developed to support effective communication.

These four pillars are summarised in the table below:

Objectives	• To generate visibility of the project and its progress • To raise the profile of RSV in the agenda of health authorities • To engage scientific community and foster connectivity with related initiatives • To ensure effective communication within the Consortium
Target audience	• RESCEU Consortium, Affiliated Partners and advisors • IMI JU • EFPIA / Pharmaceutical Industry • Related RSV / vaccine initiatives • Scientific community (respiratory diseases, infectious diseases, vaccines, paediatricians) • Public health agencies • Regulatory bodies • Healthcare providers • Patients and Patient Organisations • Public
Actions	• Dissemination of public deliverables via the RESCEU website • Organisation of RSV meetings and forums • Publication of scientific papers and manuscripts • Design of an RSV Observatory • Development of internal communication mechanisms
Tools	• Logo • Project presentation • Website • Press releases • Newsletter • Social Media • Flyers

Table 1. Four pillars of the RESCEU Communication Plan

2. Objectives

Communication activities address diverse purposes, which have been summarised in four main objectives:

2.1 To generate visibility of the project and its progress

This objective is related to creating awareness on RESCEU. The consistent use if RESCEU project branding will enhance visibility of the project, its progress and results.

2.2 To engage scientific community and foster connectivity with related initiatives

Different dissemination activities and tools will be used to establish proactive and regular interactions with external key stakeholders, promoting interest and uptake of the RESCEU project results.

2.3 To raise awareness of RSV in the agenda of health authorities

One of the objectives of RESCEU is to raise the profile of RSV among the health authorities. Health authorities play a key role in shaping the research agenda. RESCEU aims to pitch RSV to these audience so that it is considered as a research and vaccine priority. Production of manuscripts, organisation of and participation in RSV-related events will be important activities for achieving this objective.

2.4 To ensure effective communication within the Consortium

Effective internal communication within the RESCEU consortium members is of utmost importance. Each partner must be informed on the progress of the entire project and share common goals and objectives.

Specific collaboration tools for information management have been established to enable efficient communication within the partners. This includes the usage of a collaborative platform to manage and store project-related documents (in this case, SharePoint), the creation of mailing lists, the organisation of WP-specific meetings, etc.

3. Audience

The project will be disseminated to identified key audience, which are people who have interest in the RESCEU project and outcomes. The project will set meaningful communication which evolves as the project progresses.

- **RESCEU Consortium (enlarged to Affiliated Partners and advisors).** All internal partners must be kept informed about the development of the project and its outcomes.
- **IMI JU**. The RESCEU project has received support and funding from IMI. The project needs to deliver its project progress, results and future plans to IMI. In addition, IMI can support dissemination by promoting and communicating about RESCEU through their own channels (website, newsletter, press, brochures, events, etc.).
- **EFPIA.**
- **Related initiatives**. Ongoing IMI2 projects that share research interests or other ongoing initiatives. They will be identified during the project life and connections will be stablished in pursuit of mutual benefit.
- **Scientific community**. The scientific community will be reached, for instance, at international conferences or symposia (by networking, poster or oral communications) and via scientific publications.
- **Public health agencies and regulatory bodies**. They are a key audience to be targeted.
- **Healthcare providers.**
- **Patients and Patient Organisations**. The Patient Advisory Board will establish a link with this key audience group.
- **General public**. RESCEU will reach out to the general public to create awareness on RSV and the project results.

4. Actions

4.1 Dissemination activities

Following the identification of RESCEU target audience, the RESCEU dissemination activities must be adapted to each audience. The Consortium Agreement in its Appendix 12 refers to the communication guidelines of external dissemination activities of participants in the RESCEU project (See *Annexes 9.1* of the present document).

4.1.1 General Communications

The results generated within RESCEU will be shared with the general public during the project's life. Different channels will be used, such as:

- **Press releases.** See *Annex 9.4* of the present document.
- **Communication tools.** See *Section 5* of the present document.
- **IMI events.**

4.1.2 Scientific Communications

The Project has been designed to maximise the number of manuscripts derived from the workplan. Therefore, each WP has already laid out the main manuscripts that will be produced (see *Table 2*).

WP	Manuscript	Tentative timeline
WP1	Aetiological role of common respiratory viruses in ALRI in elderly	M12
WP1	Estimates of hospitalisations for ALRI in the elderly	M15
WP1	Direct and indirect costs of RSV-associated ALRI in children	M15
WP1	Burden of RSV-associated ALRI in elderly	M18
WP1	Burden of RSV-associated ALRI in children with congenital heart disease and bronchopulmonary dysplasia	M18
WP1	Direct and indirect costs of RSV-associated ALRI in elderly	M24
WP1	Association of RSV with recurrent wheeze and asthma in children	M24
WP1	RSV-associated burden in adults with co-morbidities	M36
WP1	Risk factors for RSV related hospitalisations and mortality in young children	M42
WP1	Global RSV seasonality	M48
WP1	Global burden of RSV-associated ALRI in preterm infants	M54
WP1	Global burden of RSV-associated ALRI in young children	M58
WP2	Review of clinical association and professional body guidelines on current RSV treatment and prevention practices across Europe	M12
WP2	RSV healthcare burden in young children and in the elderly in (at least) 6 European countries	M48
WP2	RSV sequelae such as wheeze/asthma and pneumococcal infections (based on data linkage/time series models)	M48
WP2	RSV healthcare burden in other RSV risk groups (such as adults with comorbidities and high risk children)	M60
WP4	RSV mortality and ICU	M60

WP4	Population-based anti RSV antibodies	M60
WP4	Disease incidence estimates; sequelae; costs of RSV infection and viral coinfections	M60
WP5	Sero-surveys from RIVM	M60
WP5	Biomarker discovery and validation; and biomarker prediction of sequelae	M60
WP5	GWAS Genetic biomarker prediction of sequelae study	M60

Table 2. RESCEU manuscripts (planned in DOA)

The Project Handbook (*deliverable D6.2*) devotes a full chapter to the Publications Policy and tackles issues such as the project's authorship policy, reporting scientific communications, the internal procedure for review of outputs and the principle of open access. Please refer to D6.2 for further reference.

In co-ordination with ECDC, RESCEU will organise/support at least two European RSV Surveillance Meetings during the project direction, led by WP2 and supported by WP6. This initiative aims to agree on standards and to share best practices among national public health agencies in liaison with ECDC.

A RSV Science Policy Forum will also be organised at the end of the project, where the scientific advances in the RSV field will be presented to policy makers to raise awareness and promote evidence-based decision-making.

Partners will also disseminate the RESCEU project at various scientific fora, which also constitute a key action to make an impact on the scientific community. Oral and poster presentations will be encouraged. A series of relevant conferences/events where the project could be presented have been identified (see *Table 3*).

Event	Organiser website
Bi-annual RSV conference	https://www.isirv.org/site
World Congress of the World Society for Pedriatric Infections Diseases (WSPID)	http://wspid.org/
RSV Vaccines for the World	http://www.resvinet.org/
European Society for Paediatric Infectious Diseases (ESPID)	http://www.espid.org/
European Respiratory Society (ERS) congress	https://www.ersnet.org/
European Centre for Disease Prevention and Control (ECDC) meetings	https://ecdc.europa.eu/en
WHO meetings	http://www.who.int/en/

Table 3. List of relevant forums/conferences/meetings for RESCEU

4.1.3 Networking and related initiatives

Dissemination activities will primarily entail scientific interactions that will include collaboration with other consortia, networks or initiatives. Specific activities will be carried out within WP2 (*Task 2.3 International linkages to promote interaction/synergy* and *2.5 Dissemination of findings to raise awareness of RSV healthcare burden*) to develop networking and relationship with other projects and initiatives to promote synergies of efforts and mutual leverage of results.

RESCEU aims to establish synergies with the following initiatives:

Initiative	Description	Linking partners
ReSViNet	Respiratory syncytial virus network	UMCU, UEDIN, TUCH, SERGAS
RSV Global Epidemiology Network	Global network of >70 sites contributing RSV disease burden data	UEDIN, UMCU
INDEPTH Network	Network of >50 surveillance systems sites in 20 LMIC with mortality data	UEDIN
GRACE	EU FP6 genomics to combat resistance against antibiotics in community-acquired LRTI; EU network of excellence	UA
ADVANCE	Intimately linked IMI-project on benefit-risk assessment of vaccines	SYNAPSE, SSI, RIVM
COMBACTE	Combatting bacterial resistance in Europe, funded by IMI	UA
PREPARE	EU FP7 platform for European preparedness against (re)-emerging epidemics	SERGAS, UA, IMPERIAL
EUCLIDS	EU FP7 genetic basis of meningococcal and other life threatening bacterial infections of childhood	SERGAS
ARPEC/GARPEC	EU FP7 antibiotic resistance and prescribing in European children	PENTA, UA
GRIP	EU FP7 global research in paediatrics-network of excellence	PENTA
EMIF	EU IMI European medical information framework	PENTA, SYNAPSE
PENTA-ID network	EU (FP7 and IMI) and pharma funded international ID network	PENTA, SERGAS
PoC-ID	EU platform for ultra-sensitive point-of-care diagnostics for infectious diseases focused on RSV infection	SERGAS
PERFORM	EU personalised risk assessment in febrile illness to optimise real-life management across the EU	SERGAS
EUROHOPE	EU FP7 European health care outcomes, performance and efficiency project	UEDIN
PERCH project	Pneumonia aetiology research for child health funded by gates foundation	UEDIN
MCEE	Maternal and child epidemiology estimates funded by Gates Foundation	UEDIN
RSV GOLD	RSV global online mortality database	UMCU, UEDIN
EU-ADR Alliance	Research network carrying out observational studies	PENTA, SYNAPSE
ISARIC	International Severe Acute Respiratory and emerging Infection Consortium	RESCEU

Table 4. List of RESCEU related initiatives

The project is also willing to raise additional funding to design and develop an RSV Observatory, envisaged as a knowledge portal tailored for different audience (policy makers, clinicians, researchers and the public). Its vision will be determined during the course of the project and the options for its implementation will be evaluated. This is one of the sustainability elements of the project at the close of the IMI funding period.

For wider dissemination of findings amongs scientific community, policy makers and lay person, RESCEU will also collaborate with Young Academies across Europe.

4.2 Development of internal communication mechanisms

4.2.1 RESCEU internal communications

Effective internal communication within the RESCEU consortium members is mandatory. Each partner must be informed on the progress and future of the entire project.

Specific collaboration tools for the management will be established to guarantee efficient communication within the partners, which will include, among others, a library for document management and sharing, forums for discussion, mailing lists, and other tools of interest based on demand.

Deliverable D6.2, Project Handbook already details a few of the actions and tools targeted to foster internal communication (mailing lists, SharePoint, etc.).

At the time of this deliverable preparation, 20 electronic mailing lists have been created to facilitate internal communication -per WP, per governance body, etc. (see D6.2 for details).

A password-protected Intranet facility (SharePoint) has been set up to support management activities, communication and exchange of information among the consortium.

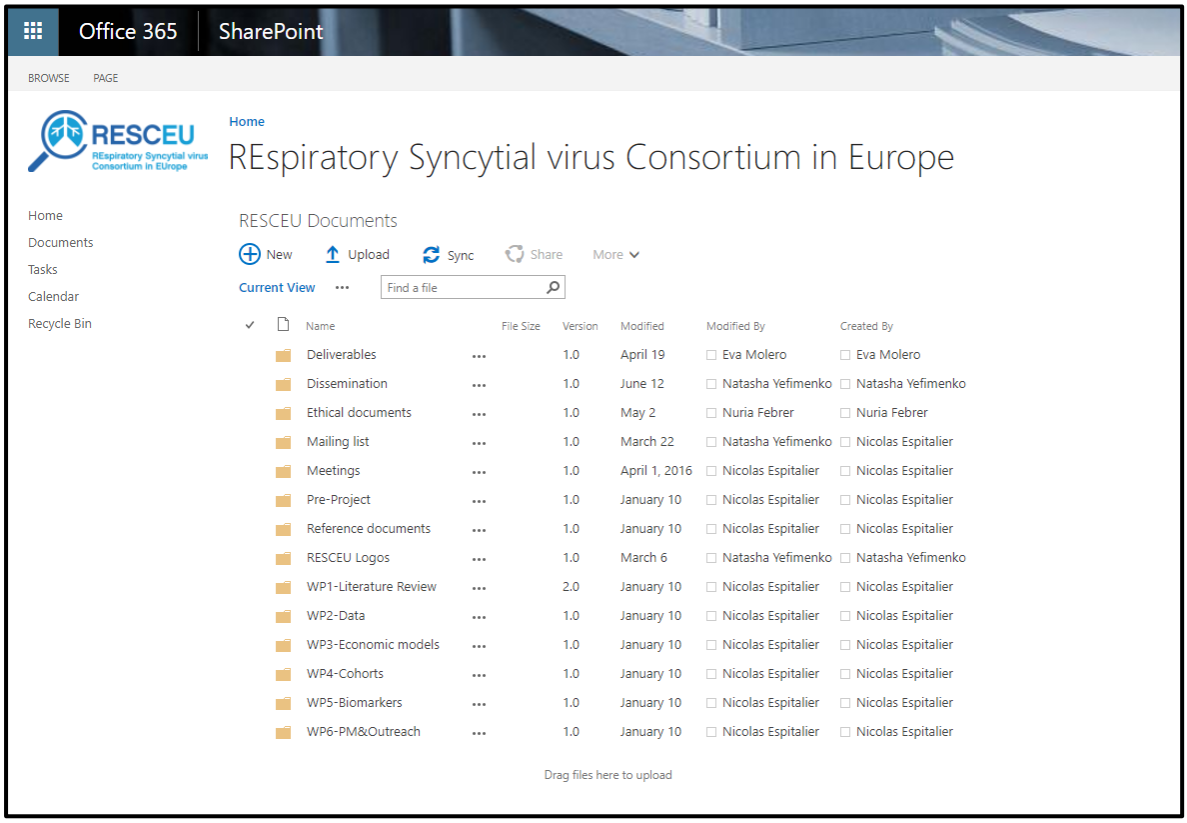

Figure 1. RESCEU SharePoint site

The RESCEU Sharepoint contains:

- Project key documents: DoA, Consortium and Grant Agreements, etc.

- All files related to the project (deliverables, presentations, meetings minutes and related information, pictures)
- Deliverables completed
- Ethics documents
- Contact list, list of partners members names and e-addresses, and detail of information of mailing lists where they are registered
- An excel repository file has been created summarizing all the dissemination activities developed within the project. This document will be regularly updated.

4.2.2 RESCEU meetings

To ensure an efficient internal communication, different regular/adhoc meetings have been established, including:

- Regular contact between WP leaders through the Steering Committee (via email or teleconference calls every two months).
- Regular team meetings within WP or WPs (regular teleconference calls – monthly on average).
- Cross-WP co-ordination meetings
- Meetings with all partners (General Assembly meetings).
- WP-specific workshops
- Project Management Office/Coordination Team meetings every two weeks

The key meetings organised for the consortium, such as the General Assemblies, workshops, etc., will be announced through the website and newsletter. The relevant outcomes will be reported and the meeting minutes will be circulated and uploaded on the SharePoint.

5. Tools

Specific tools have been developed to support effective communication activities.

5.1 Logo

A project logo to ensure a unified project image has been developed at the beginning of the project. Currently, the RESCEU logo is used in all communications related to the project (both internal and external) such as meetings minutes, deliverables, bulletins, posters and slideshows.

The different formats of the RESCEU logo and documents templates for the communication activities are available in SharePoint.

Figure 2. Different versions of the RESCEU Logo

5.2 Project presentation

A standard project presentation has been created and shared among the RESCEU Consortium for project dissemination in conferences, congresses, etc. It is available in SharePoint.

5.3 Website

A website has been developed which contains project-related information. The RESCEU website www.resc-eu.org supports:

- Active dissemination of findings and awareness regarding RSV amongst the scientific community, clinicians, policy makers and lay persons.
- Increased relevance and awareness of the project to the general public.
- The rest of the dissemination activities.

Figure 3. Screenshot of the Homepage of the RESCEU website

The RESCEU website contains:

- Information about the project objectives, project structure, governance and deliverables
- List of RESCEU partners (with links to their websites), Affiliated Partners and members of the advisory committees.
- A publications section where the project publications will be uploaded
- A News section reporting all RESCEU news updates (latest news, events, newsletter, etc.)
- A Contact information page
- A link to the IMI website
- A direct access to social media networks. The website has integrated Social Media plugins which allow to share the content by email and Twitter.

The website is updated regularly by the project management team.

5.4 Press releases

The first RESCEU press release, led by UEDIN and issued in January 2017, announced the official project start and the main objectives of the project to the general public (see *Annex 9.4*). Several RESCEU partners made local versions of this press release and disseminated it nationally/locally.

During the project's life, new press releases will be published as needed.

5.5 Newsletter

RESCEU has launched a quarterly electronic newsletter since March 2017. Two issues are currently available for download from the RESCEU webpage. The newsletter consists of news items on the project developments, highlights relevant upcoming events and recent RSV-related articles. It opens with a keynote by one of the consortium members or advisors. The newsletter is distributed to the consortium, Affiliated Partners and advisors, IMI and any

person or organisation interested in receiving it (subscription is available through the website).

An Editorial Team led by the project management has been constituted and shall be responsible for the development of the newsletter, led by the project management. The Editorial Team is composed of one representative per WP to ensure good showcase of all WPs developments. The workflow for the creation of the newsletter is shown below:

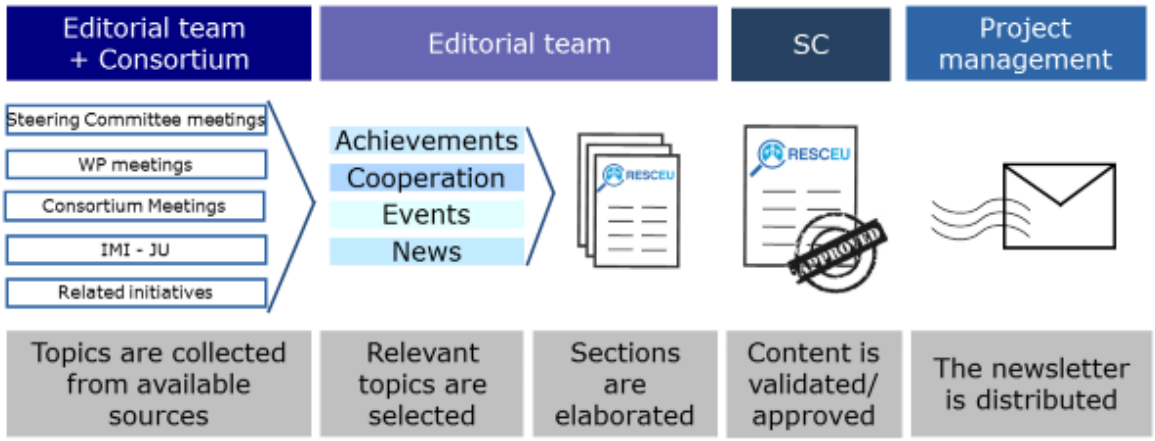

Figure 4. Newsletter creation workflow

5.6 Social Media

Social networks have expanded the scope of interaction with various stakeholders and enable connection with thousands of people all over the world. A Twitter account has been created for the RESCEU Project (@RESCEUproject), where events and findings will be actively communicated:

Figure 5. Home page for the RESCEU Project Twitter account

5.7 Flyer

A RESCEU flyer has been created with the aim of increasing the awareness of the project and to reach efficiently known and additional relevant audience. This flyer has been used during the project kick-off meeting and will be used further to support oral and poster presentations at scientific events (conference, meeting, etc.) facilitating dissemination of project goals and results.

Figure 6. RESCEU flyer

6. Communication Guidelines

The project's publication policy has been developed in the Project Handbook (deliverable D6.2). It deals with matters such as the project's authorship policy, reporting scientific communications, the internal procedure for publication's review and the principle of open access. See D6.2 for details.

6.1 IMI Acknowledgement

In line with the RESCEU Grant Agreement, all scientific publications and presentations at international events must specify that the results have been funded by the IMI2/EU and the EFPIA. Indeed, all the RESCEU dissemination activities (articles, presentations, posters, flyers, press-releases, website, etc.) must include the following acknowledgement stating that the project have been funded by the IMI2/EU and the EFPIA:

> *"This project has received funding from the Innovative Medicines Initiative 2 Joint Undertaking under grant agreement No 116019. This Joint Undertaking receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA".*

The following stating is also allowed in case of restricted character count:

> *"This work has received support from the EU-EFPIA Innovative Medicines Initiatives 2 Joint Undertaking (grant No 116019)."*

These statements should be translated into the language of the communication product.

6.2 IMI Communication Guidelines

In addition, communications should include a link to the IMI website www.imi.europa.eu/ as well as the IMI, EFPIA and EU logos. Respective entire and original forms of each logos should be used. In case of specific communications activities with space constraints (not allowing logos and web addresses), the acknowledgement phrase alone is sufficient. These logos are available in SharePoint to all RESCEU members.

7. Dissemination activities reporting

A process has been set up to internally track and report dissemination activities. This process is described in *Deliverable D6.2 - Project Handbook* (please refer to this deliverable for details).

7.1 Yearly reporting to IMI

An official report of the project must be sent every year to IMI, following the corresponding IMI2 rules and guidelines. These periodic reports include the risk management and the project assessment and must be sent at months 12, 24, 36 and 48 respectively. In addition, a final periodic report must be sent at the end of the project at 60 months. The deliverables D6.15 will report an Interim and Final report on dissemination activities in M30 and M60, respectively.

The dissemination results will be reported to IMI according to the IMI table template for dissemination activities (*Table 5*).

Number	Type of dissemination and communication activities	Type of audience reached In the context of all dissemination & communication activities ('multiple choices' is possible)	Estimated Number of persons reached
1	*[*Organisation of a Conference*]* *[*Organisation of a workshop*]* *[*Press release*]* *[*Non-scientific and non-peer reviewed publications (popularised publications)*]* *[*Exhibition*]* *[*Flyers training*]* *[*Social media*]* *[*Web-site*]* *[*Communication campaign (e.g radio, TV)*]* *[*Participation to a conference*]* *[*Participation to a workshop*]* *[*Participation to an event other than a conference or workshop*]* *[*Video/film*]* *[*Pitch event*]* *[*Participation in activities organised jointly with other H2020 project(s)*]* *[*Other*]*	Scientific Community (higher education, Research)*]* *[*Industry*]* *[*Civil Society*]* *[*General Public*]* *[*Policy makers*]* *[*Social media*]* *[*Medias*]* *[*Investors*]* *[*Other*]*	

Table 5. IMI table template for dissemination activities

8. Annexes

8.1 RESCEU Consortium Agreement: Appendix 12: Communication Guidelines

This Appendix governs Communication, by means other than Dissemination, by or on behalf of Beneficiaries. It is intended to cover, for example, the use of social media where the Project is associated with such Communication, e.g., a tweet that includes a reference to the Project, the Project twitter handle, "[XX]", or the like. The use of social media, e.g., Twitter, Facebook, Instagram, Linked-In, blogs, and the like, is generally encouraged to build awareness of and publicize the Project and its progress. It is within this spirit that the following binding guidelines are provided. These guidelines cover Communications related to the Project that do not contain Results or Background, including by means of newsletters, blogs, and websites of patient groups, caregiver organizations, and the like.

Any activity listed as "Permitted Communications" below can be undertaken. Activities that are listed as "Prohibited Activities" below list may be permissible, but are subject to the terms of the Consortium Agreement, including those on Dissemination and Confidential Information.

Permitted Communications *

** To the extent not including any Results of any Beneficiary or any Background or Confidential Information of another Beneficiary and to the extent applicable confidentiality obligations as well as requirements of applicable laws and regulations are respected.*

A. Announcements regarding upcoming Project presentations
B. Links to web pages containing news coverage of Project, and any web-based content, e.g., journal articles and abstracts.* But see "Links Guidelines" below
C. Information raising awareness about the need to treat, prevent, or diagnose of [XX], but statements in a tweet that include health statistics and scientific content must include a link to a credible independent site that supports the information
D. Information about the IMI2 JU's values and the IMI2 JU's commitment in society
E. Information about partnership/collaboration with patients' associations/charitable associations and foundations
F. Information aimed at involving and engaging people in a future IMI2 JU or Project event directed to general public
G. Information about the launch of the Project website or a Project app open to general public
H. Information about new EU health policies/regulations
I. Information that may refer to healthy living tips
J. Information about the Project's press releases that have been approved
K. General chats about Project
L. [Enrollment announcements]
M. Links to caregiver support groups and other similar resources, unless permission to link is required
N. Links to general news regarding [XX], treatments, screening, biomarkers, and diagnostics developed outside of the Project.

Prohibited Activities*

** May be permissible by applying the relevant provisions concerning Confidential Information and Dissemination.*

1. Communications including Results of any Beneficiary or any Background or Confidential Information of another Beneficiary
2. Dosage amounts/timing
3. Photos and video of people (unless prior written permission has been obtained)
4. Any post/comment regarding a Beneficiary's products or compounds, including compound names, off-label or inappropriate use, making claims that are false or unsubstantiated, and making claims about another Beneficiary's products
5. Promotion of products (considered identifiable or viewable), promotional text regarding specific product or comparison of products
6. Attempts to diagnose a condition, recommend a treatment, or address other topics more appropriately reserved to healthcare professionals
7. Disclosure of Confidential Information or Background of another Beneficiary
8. Financial disclosures about a Beneficiary and predictions of its future performance
9. Commentary regarding ongoing litigation or other dispute resolution matters
10. Commentary regarding any crisis situation, adverse events, side effects resulting from the Project
11. Any harassing, threatening, derogatory, defamatory, discriminatory, abusive, hateful, violent, inciteful, or obscene language or material
12. Any reference to personal information of another, including name or information that may be used to identify or locate an individual (including last name, e-mail address, phone number, age or geographical location) or that could otherwise be deemed to constitute invasion of another's privacy
13. Libel, slander or defamation of the character of anyone
14. Any direct use (not linked) of third party copyrighted materials without prior permission
15. Any illegal statements, material, or content
16. Any political or religious content or propaganda
17. Any language that promotes drugs or alcohol, predation of minors, illegal or inappropriate activities or dangerous behaviour that may result in harm to anyone reading the tweet or any linked content.

LINKS GUIDELINES

A. Links must be to non-product promotional websites/content only
B. The content of the Communication with a link must be consistent with and supported by the content found in the link. Such a supporting link should be to a credible and appropriate independent source
C. Linked content must not include statements that the Beneficiary making the Communication cannot communicate itself
D. Ensure the linked content is credible and appropriate, and aligns with the IMI2 JU and the Project's values, tone & objectives
E. Make it clear that the linked content belongs to a Third Party by including an appropriate citation or link back to the original source
F. Ensure there is no implication that linked non-sponsored third party content is affiliated with or endorsed by the IMI2 JU, the Project or the Beneficiaries.
G. Do not alter Third Party content
H. Links to Third Party websites are permissible, provided the website content is approved taking into account these guidelines. Review of content linked to the Third Party website hosting the article linked to the Communication is not required unless there is some indication that the linked content may contain unsubstantiated statements or promotional claims.

THIRD PARTY PERMISSION GUIDELINES

A. Third Party content is generally copyright protected. Obtain or ensure that permission to use or a copyright license is in place prior to communicating content as use of copyright protected content without a copyright licence / written permission could lead to a claim for copyright infringement.
B. Personally identifiable information of living individuals is protected by data privacy legislation, and the individual's written consent to use this is generally required.
C. It is permissible to retweet a link that a Third Party content owner has already tweeted, provided the content is approved under these guidelines for this use.
D. It is also permissible to retweet a retweet of content, provided that the original source can be verified and has social sharing for Twitter enabled, and the content has been approved for this use.

FOR THIRD PARTY CONTENT FROM ORGANISATIONS (E.G. MEDIA, PARTICIPANTS, ASSOCIATIONS, ETC.)

A. Photographs of trademarked content (e.g. magazine covers or articles) should not be posted without the express written permission from the publisher.
B. No content from an image or stock photography warehouse should be used without first obtaining a proper licence. No content that says "courtesy of" a stock photography warehouse, even if it has social sharing functionality, should be used without obtaining a proper license.

FOR THIRD PARTY CONTENT FROM INDIVIDUALS

A. Photos and/or videos depicting individuals may not be posted without the express written consent of each of the depicted individuals and the photographer
B. Names and other personally identifiable information of individuals may not be posted without the individual's express written consent
C. Quotations and sayings from living individuals or individuals that have been deceased less than 75 years (or any other applicable period during which authorship is protected under the relevant applicable law) should not be used without written permission from the individual or their estate
D. Content from minors should not be posted or retweeted
E. Third Party tweets should not be used on other social media platforms or for offline uses (e.g., in printed materials) without first obtaining the individual's express written permission.

8.2 RESCEU Grant Agreement: Article 29 DISSEMINATION OF RESULTS — OPEN ACCESS — VISIBILITY OF SUPPORT

29.2 Open access to scientific publications

Each beneficiary must ensure open access (free of charge, online access for any user) to all peer-reviewed scientific publications relating to its results.

In particular, it must:

(a) as soon as possible and at the latest on publication, deposit a machine-readable electronic copy of the published version or final peer-reviewed manuscript accepted for publication in a repository for scientific publications;

Moreover, the beneficiary must aim to deposit at the same time the research data needed to validate the results presented in the deposited scientific publications.

(b) ensure open access to the deposited publication — via the repository — at the latest:

(i) on publication, if an electronic version is available for free via the publisher, or

(ii) within six months of publication (twelve months for publications in the social sciences and humanities) in any other case.

(c) ensure open access — via the repository — to the bibliographic metadata that identify the deposited publication.

The bibliographic metadata must be in a standard format and must include all of the following:

- the terms "Innovative Medicines Initiative 2"; "European Union (EU)" "Horizon 2020"; and “EFPIA”;

- the name of the action, acronym and grant number;

- the publication date, and length of embargo period if applicable, and

- a persistent identifier.

8.3 RESCEU Consortium Agreement

7.5 DISSEMINATION OF RESULTS

7.5.1 General commitment on Dissemination

7.5.1.1 Each Beneficiary shall Disseminate its Results as soon as possible, unless such Dissemination goes against its legitimate interests (for instance, because the Results have not yet been protected, the Results concern trade secrets, or disclosing the Results would infringe on applicable personal data protection, security related, or other applicable obligations).

7.5.1.2 A Beneficiary may not Disseminate Results generated by another Beneficiary or any Background or Confidential Information of such other Beneficiary, even if such Results, Background or Confidential Information are amalgamated with such Beneficiary's Results, without the other Beneficiary's prior written approval.

7.5.2 Review and Approval Process

7.5.2.1 A Beneficiary may only Disseminate any Results if it has circulated the proposed Dissemination to the other Beneficiaries via the Coordinator by written notice at least forty-five (45) Days prior to such Dissemination, and the below procedure has been followed. The receipt of such written notice by the other Beneficiary from the Coordinator shall determine the start of the review period.

7.5.2.2 Any Beneficiary may object to such a proposed Dissemination within thirty (30) Days of notification in writing to the Coordinator and/or to the Beneficiary/Beneficiaries proposing the Dissemination, if it can show its legitimate interest in relation to the Results would be significantly harmed, such as for the reasons as detailed here below:

a) where protection of the objecting Beneficiaries' own Results or Background would be adversely affected by the proposed Dissemination;

b) where the proposed Dissemination contains Confidential Information from the objecting Beneficiary; or

c) where other legitimate interests of the objecting Beneficiary are harmed.

If such objection is made, the publishing Beneficiary will:

(i) in case of a) extend the review period and delay the proposed publication for a period of not more than nine (9) months to allow the objecting Beneficiary to evaluate the patentability and/or to file a patent application for the objecting Beneficiary's Results or Background; and/or otherwise modify the publication as requested for scientific or patent reasons;

(ii) in case of b) delay the Dissemination until the objecting Beneficiary's Confidential Information is removed from the proposed Dissemination;

(iii) in case of c) enter into good faith discussions with the objecting Beneficiary on how to address the legitimate interests of the objecting Beneficiary, as the case may be, by amending the proposed Dissemination.

7.5.2.3 If no objection is received in writing within a twenty (20) Days' period from the date of notification of the proposed Dissemination, the Coordinator shall send an e-mail reminder to those Beneficiaries who have not yet responded. If no objection is received in writing within the thirty (30) Days' period mentioned above, the Coordinator shall inform the Beneficiary seeking Dissemination that the Beneficiary seeking Dissemination will be free to proceed with the Dissemination as submitted to the other Beneficiaries to the extent such Dissemination does not include or refer to Results or any Confidential Information of any other Beneficiary.

7.5.2.4 Nothing in this Consortium Agreement shall be construed as conferring rights to use in advertising, publicity or otherwise the name of the Beneficiaries or any of their logos or trademarks without their prior written approval.

7.5.2.5 Details of any publication and an electronic copy of the published version must be provided to the IMI2 JU within two (2) months following publication.

7.5.2.6 Notwithstanding the provisions of this Clause, nothing in this Agreement shall prevent a student from submitting for a degree of the university a thesis based on the Results obtained during the course of work undertaken as part of the Project, the examination of such a thesis by examiners appointed by the university, or the deposit of such a thesis in a library of the university in accordance with the relevant procedures of the university. The Scientific Leadership Team will be informed on an on-going basis regarding the proposed contents of any thesis to be submitted to the university and the final draft shall be submitted to the Scientific Leadership Team for review prior to submission to the university. Beneficiaries may comment on the contents of the thesis within sixty (60) Days of receipt of the thesis in accordance with Clause 7.5.2. All appropriate measures ensuring confidentiality must be taken by the Beneficiary with which the student is associated to ensure protection of Confidential Information and/or patent protection of the Beneficiaries, which shall, where appropriate, require examiners external to the university to sign an agreement of non-disclosure prior to receipt of the thesis.

7.5.3 Open access to scientific publications
Where Dissemination concerns a peer-reviewed scientific publication, each publishing Beneficiary shall comply with Article 29.2 of the Grant Agreement.

7.5.4 Mandatory Messaging in connection with Dissemination
Unless the IMI2 JU requests or agrees otherwise or unless it is impossible, any type of Dissemination that shall arise from the Action shall include the logos, emblems, and text provided for in Article 29.4 of the Grant Agreement.

8.4 Press Release

The University of Edinburgh (2017). €29m research grant to assess risk posed by deadly lung infections. [online] Available at: http://resc-eu.org/wp-content/uploads/RESCEU.pdf [Accessed 22 Jun. 2017].

Experts have received €29 million (£24m) to investigate serious lung infections that particularly affect babies and older people.

Diseases caused by respiratory syncytial virus (RSV) are estimated to affect more than 30 million children under five each year throughout the world.

The virus also affects older people and those with weakened immune systems, including cancer patients and people with chronic lung diseases such as emphysema.

There are no specific treatments for RSV and there is no vaccine. Current therapies are focused on alleviating the symptoms of the infection.

Led by Professor Harish Nair at the University of Edinburgh, the RSV Consortium in Europe (RESCEU) – aims to make a fundamental difference to the understanding and management of RSV.

International teams will work to assess the full scale of the problem in Europe, which is currently unknown.

Investigators from 18 universities, public health institutes and pharmaceutical companies will gather robust statistics on the number of RSV cases across Europe each year.

Researchers will also assess the economic impact of the disease and the burden it places on healthcare systems.

Armed with this information, the group will put together best practice guidelines to improve the way RSV-associated disease is monitored across Europe and to advise future vaccination programmes.

The consortium aims to ensure that future decisions on RSV prevention and treatment policies can be based on good evidence and made without undue delay.

The group also aims to set up a framework to conduct Europe-wide trials of new medicines and vaccines to improve treatment – and even prevention – of the disease.

They will collect and analyse patient samples to identify biological markers associated with severe RSV infections. Such markers could help to improve diagnosis and assessment of the severity of disease. They could also aid the development of treatments and vaccines.

Funding has been received from the Innovative Medicines Initiative 2 Joint Undertaking under grant agreement No 116019. This Joint Undertaking receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA.

RESCEU was born out of an existing research collaboration called the Respiratory Syncytial Virus Network (ReSViNET) which aims to improve understanding of this virus, and to develop safe and effective preventive treatment and prevention strategies.

RSV infection causes breathing difficulties and wheezing and can lead to severe respiratory illnesses such as bronchiolitis or pneumonia.

The virus can be the most common single reason for children being admitted to hospital over the winter months. In older adults, the infections may cause as many severe illnesses, hospitalisations and deaths as influenza.

Project co-ordinator Professor Harish Nair, of the University of Edinburgh's Usher Institute, said: "We are at an opportune time to step up efforts to prevent RSV infection in children

and elderly populations. With more than 65 candidate vaccines in clinical development, it is likely that an RSV vaccine will be available in the next five to seven years. Moreover, a range of treatments for RSV are also being developed. Our findings will provide better evidence to understand how these interventions should be best introduced, not only in Europe but also the rest of the world."

The collaboration includes the Universities of Edinburgh, Oxford and Imperial College London from the UK. Also taking part are teams from the University Medical Center Utrecht, University Medical Center Groningen and the National Institute for Public Health and The Environment in the Netherlands, the University of Antwerp in Belgium, the Galician Health Service SERGAS in Spain, the Hospital District of Southwest Finland, Statens Serum Institut in Denmark and the Paediatric European Network for Treatment of AIDS Foundation.

Six companies are participating in the project – AstraZeneca, Pfizer, GlaxoSmithKline Biologicals, Sanofi Pasteur, Janssen Pharmaceutica and Novavax – together with Synapse Research Management Partners.

A further 43 research and public health institutions, patient societies and clinical societies from Europe and rest of the world are also affiliated to the project.