



Embedding in Clinician Workflows

- Before Product Launch - Pediatric Dengue

HOW A CLINIC-CENTRED, MOSQUITO-BORNE DISEASE PLATFORM CREATES
AWARENESS - AND PREPARES A DENGUE VACCINE FOR A STRONG LAUNCH.



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Executive Summary

Brand Umi is preparing to introduce a dengue vaccine in India, a market where dengue is widely recognised, seasonally feared, and clinically familiar to pediatricians. On the surface, this is a favorable launch environment. In practice, early uptake will be limited due to low awareness and a lack of perceived need. Optional vaccines are not top-of-mind and are absent in the pediatricians' patient counseling; parents are unaware of a dengue vaccine, there is no mandate for vaccination, and risk perception is low in the absence of disease.

Today, dengue discussions in clinics are episodic and reactive. Parents typically engage only once a child develops fever, often after the illness has progressed. Preventive counselling is inconsistent, early warning signs are poorly understood, and mosquito-borne disease education competes with multiple other concerns during short consultations. Optional vaccines, including dengue, therefore remain outside routine counselling, discussed sporadically and without continuity. In the absence of a mandate or visible disease threat, parental risk perception remains low.

Compounding this challenge, Brand Umi will operate with no field force until mid-2026 and limited physical coverage even after launch. Traditional pre-launch detailing and promotion will therefore be insufficient to shape either pediatrician behaviour or parent understanding at scale. The strategic requirement is not to create awareness of dengue as a disease - that already exists - but to embed structured mosquito-borne disease counselling into clinician workflows before product launch, using academy-endorsed, clinic-centred tools that operate independently of a field force.

This playbook outlines how Brand Umi can do this by building a digital-first, pediatric-anchored mosquito-borne disease platform that:

- Lives inside clinics through clinic-white-labeled patient education tools,
- Keeps dengue clinically salient for pediatricians via monthly medical-association-led engagement,
- Delivers consistent, disease-focused messaging to parents both in clinics and at home.

By the time the dengue vaccine is introduced, Brand Umi is not entering a cold market. It enters a system where dengue risk, early action, and prevention are already part of routine conversation - and where vaccination can be introduced as a logical extension of an existing care pathway, not a standalone promotional push.

————— BRAND NAME UMI USED FOR ILLUSTRATION.

Market Reality



Dengue is not an unknown disease in India. Parents recognise it as a seasonal threat, and pediatricians are clinically comfortable managing it. On the surface, this should make the environment favourable for a dengue vaccine.

In reality, it does not. That is because dengue awareness has never been translated into a preventive care habit.

For most families, dengue is something to react to, not something to plan against. Risk feels distant when there is no active outbreak, and prevention is rarely discussed outside peak season. As a result, dengue does not sit alongside nutrition, growth, or routine immunisation in everyday pediatric conversations.

This has direct implications for vaccination.

Preventive counselling in pediatric practice is already time-constrained and prioritised around mandatory schedules. Dengue prevention, when mentioned, is usually limited to general mosquito control advice.

There is no structured moment, tool, or workflow that prompts repeated discussion of dengue risk or positions prevention as a year-round responsibility.

Without that structure, optional vaccines struggle to find relevance.

Most parents are unaware that a dengue vaccine exists or may exist in the future. Pediatricians, in turn, have little reason to proactively introduce vaccination when risk perception is low and prevention itself feels discretionary. In the absence of context, vaccination appears as a standalone decision rather than a logical next step.

Dengue awareness does reach parents through media and digital platforms, but it exists largely outside the care pathway. Without reinforcement from their pediatrician, this information remains abstract - raising concern without building confidence or readiness for preventive interventions. As a result, awareness does not translate into informed planning for medical prevention, including vaccination.



Problem Framework

The Brand Pain

THE PRE-LAUNCH CHALLENGE BRAND UMI MUST SOLVE

Dengue is widely recognised in India, but recognition does not equal preparedness for prevention. In routine pediatric care, dengue vaccination is not yet part of structured counselling, and preventive decision-making is largely reactive rather than planned. For a vaccine that will enter the market as optional, non-mandated, and seasonally relevant, this creates a set of specific brand risks before launch.

✓ Awareness exists, but perceived need does not

Parents associate dengue with outbreaks and illness, not with advance prevention.

- Risk feels distant when the child is well
- Prevention is not discussed proactively in routine visits
- Vaccination is not mentally filed as a “planned health decision”

As a result, when a dengue vaccine is introduced, it competes with low urgency and weak perceived necessity.

✓ Dengue prevention is absent from routine counselling

In everyday OPD practice:

- Time is limited
- Preventive counselling focuses on nutrition, growth, and mandatory vaccines
- Dengue is discussed mainly during outbreaks or illness peaks

This means dengue prevention - and by extension, dengue vaccination - is **not embedded in clinician workflows**. Without repeated, structured exposure, it remains peripheral rather than expected.

✓ Vaccination conversations start too late

Without upstream preparation:

- Vaccine discussions occur during high-anxiety or seasonal spikes
- Parents must process disease risk and vaccination rationale at once
- Confidence is built under time pressure, not familiarity

This increases hesitation among parents and places an unrealistic counseling burden on pediatricians at the point of decision.

✓ Limited field presence delays trust formation

With no field force until mid-2026 and limited reach thereafter:

- Brand Umi has few opportunities for consistent, in-clinic engagement
- Relationship building with pediatricians is slow
- Pre-launch months remain under-utilised for shaping prevention narratives

In this vacuum, dengue education benefits the category broadly - without anchoring trust to Brand Umi or binding the frame of reference to the vaccine.

✓ The brand lacks a preventive anchor before launch

Without an active role in shaping early prevention:

- Brand Umi risks being seen only as a low awareness, low perceived need, vaccine entrant
- Rather than as a long-term partner in mosquito-borne disease prevention
- The vaccine arrives without a prepared cognitive or behavioural context

THE REAL RISK

The core risk is not rejection of vaccination - it is market unpreparedness.

Without structured prevention thinking, routine counselling touchpoints, and early trust, even a strong dengue vaccine enters a system that is not ready to absorb it confidently or consistently.

This is the gap the playbook is designed to solve.



The Behavioural Moment Map

WHERE DENGUE PREVENTION AND FUTURE VACCINATION ACTUALLY FORMS

Dengue vaccination decisions are not made at the moment a vaccine is mentioned. They are shaped over time, across repeated, low-attention interactions in routine pediatric care. The following map identifies where prevention readiness is built today - and where it currently breaks down.

Moment in the care journey	Parent reality today	What fails	What must be established pre-launch
Routine well-child visits	Focus on growth, nutrition, mandatory vaccines	Dengue prevention not discussed	Dengue introduced as a legitimate preventive topic
Non-seasonal months	Dengue seen as irrelevant	Risk perception drops to zero	Year-round prevention framing
Clinic waiting time	Passive, unused time	No exposure to prevention cues	Low-effort education before consultation
Post-consultation at home	Advice fades quickly	No reference to revisit	Clinic-linked prevention content parents can return to
Seasonal outbreak coverage	Media-driven fear	Anxiety without structure	Reinforced, clinician-aligned messaging
Future vaccine mention	New, unfamiliar concept	Hesitation and overload	Familiarity with prevention logic already in place

Key insight:

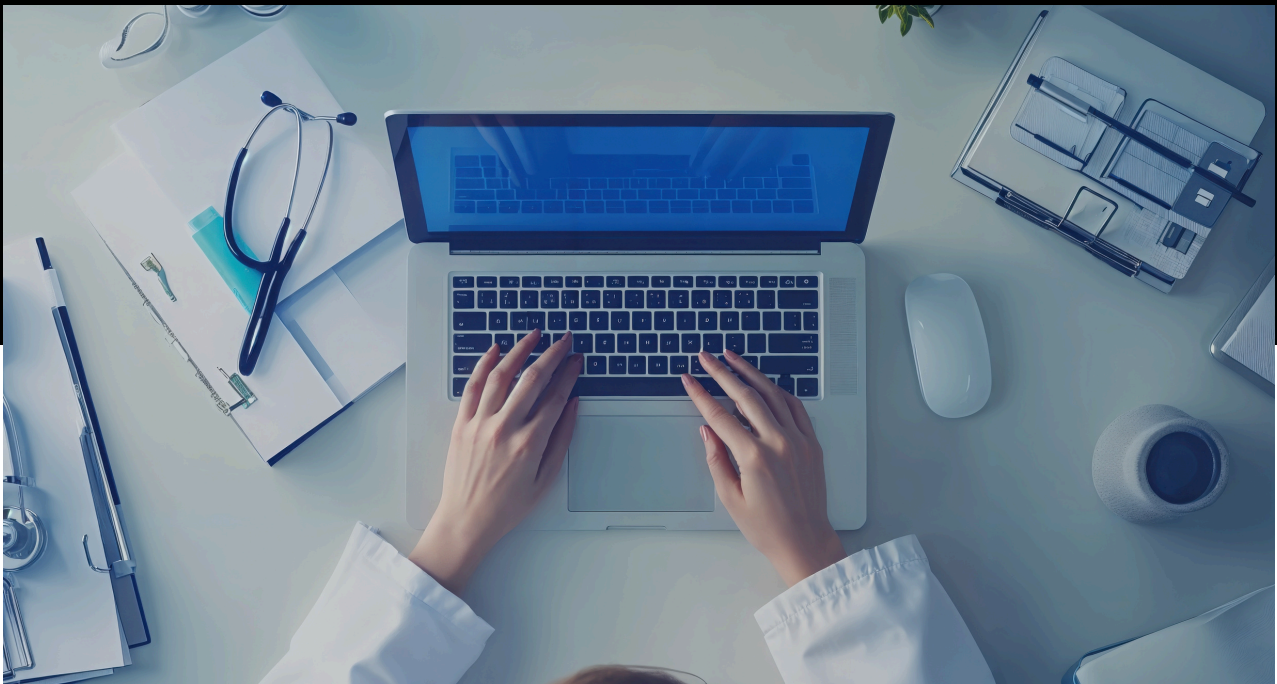
Vaccine uptake improves when prevention thinking already exists inside routine care.

That thinking is formed:

- Before illness,
- Before seasonal panic,
- And well before vaccination is discussed.

A vaccine-ready market is created by repeated, clinician-anchored prevention cues, not by launch-day education.

The Clinic-Centred Solution Framework



EMBEDDING DENGUE PREVENTION INTO ROUTINE PEDIATRIC CARE - BEFORE THE VACCINE ARRIVES

The objective is not to promote a vaccine early, but to normalize dengue as a preventable condition inside everyday pediatric workflows, so that vaccination later feels expected, not intrusive.

This framework inserts lightweight, repeatable prevention touchpoints into places that already exist in care - without adding burden to pediatricians or violating pre-launch boundaries.

THE OPERATING LOGIC

CLINIC → HOME → REPEAT

Prevention is introduced in the clinic, reinforced at home, and repeated across visits and seasons - creating familiarity long before vaccination is discussed.

TEACH – LEGITIMIZE DENGUE AS A PREVENTIVE TOPIC

What changes:

- Dengue shifts from a seasonal fear to a recognized preventive risk in pediatric care.

How:

- Academy-endorsed education on:
 - Mosquito-borne disease risk in children,
 - Why early prevention matters even in asymptomatic periods,
 - The role of pediatricians in guiding prevention (not just treatment).

Outcome:

- Pediatricians feel confident raising dengue prevention without waiting for outbreaks.
- Parents hear prevention framed as routine, not reactive.

SUSTAIN – KEEP DENGUE PRESENT ACROSS MONTHS AND SEASONS

What changes:

- Dengue remains top-of-mind even when cases are low.

How:

- Monthly, association-led dengue webinars for pediatricians,
- Practical summary PDFs usable in clinics and sharable digitally,
- The same prevention messages mirrored on parent-facing social platforms.

Outcome:

- Pediatricians receive continuous reinforcement.
- Parents encounter consistent, aligned prevention cues across touchpoints.

ENABLE – MAKE PREVENTION EFFORTLESS FOR CLINICS AND PARENTS

What changes:

- Prevention stops relying on memory or motivation.

How:

- Clinic-branded, white-label microsite accessible via QR:
 - Short, local-language videos parents can watch anytime,
 - Simple guidance on prevention behaviors and risk awareness, extending beyond dengue to all mosquito borne diseases.
 - Clear linkage to the child's own pediatrician.

Outcome:

- Counseling extends beyond the OPD without consuming doctor time.
- Parents associate dengue prevention with their clinic, not with generic media.

ROLE CLARITY

1. Clinics deliver prevention guidance as part of routine pediatric care.
2. Medical associations validate and standardise the scientific content.
3. Brand Umi funds and enables the platform infrastructure, without direct product promotion.

WHY THIS FRAMEWORK WORKS

By embedding prevention into existing clinical workflows, Brand Umi becomes familiar before it becomes visible.

When dengue vaccination eventually enters practice:

- The disease is already understood as preventable,
- The pediatrician is already the guide,
- And Brand Umi is already associated with structured, credible dengue prevention.

Vaccination adoption then feels like continuity of care, not a new request.

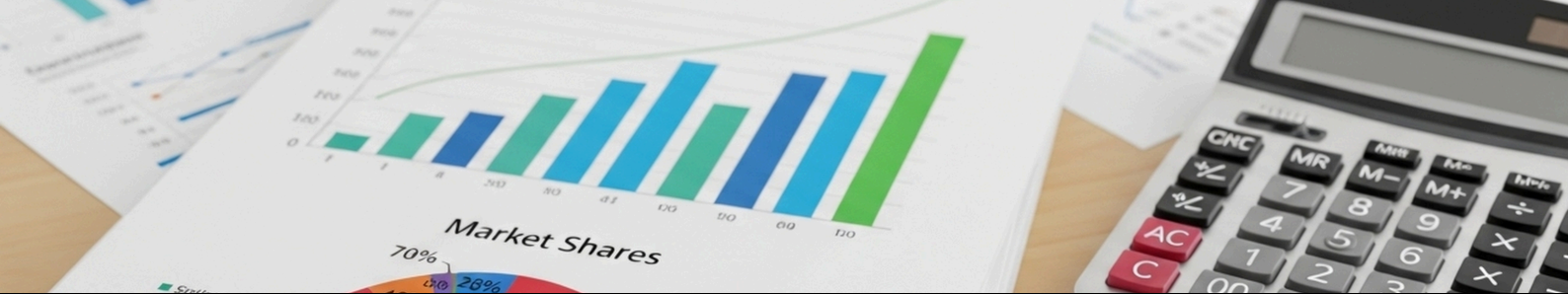
Implementation Modules

HOW THE SYSTEM IS DEPLOYED AND SCALED BEFORE PRODUCT LAUNCH

Module	What it is	Why it exists (pre-launch logic)	How it embeds into workflows
Clinic-branded mosquito-borne disease microsite	Academy-endorsed, white-label digital education page	Keeps dengue and mosquito-borne prevention visible outside the consultation, without adding clinic time	Pediatrician shares one QR link; parents revisit guidance at home
Local-language parent videos	Short videos on mosquito-borne risk and prevention	Builds awareness and perceived relevance before disease or vaccine discussion	Same videos used in clinic microsite and online destinations
Clinic QR posters	Simple waiting-room prompts	Converts passive waiting time into prevention exposure	Visible, repeatable access point tied to the clinic's authority
Monthly Academy led dengue webinars	National, academy-led clinical sessions	Keeps dengue prevention on the pediatrician's agenda during the pre-launch period	One digital touchpoint per month; no field force required
Webinar summary PDFs	1-2 page academy-branded recaps	Standardises counselling language across clinics	Practical reference pediatricians can reuse and share
Social media video distribution	Disease-focused parent channels	Extends the same prevention narrative into everyday parent spaces	Reinforces clinic messaging without creating parallel narratives

REPLICATION STRENGTH :

1. One content system, reused across clinics, associations, and digital platforms
2. Low operational burden on pediatricians
3. Scales nationally without field-force dependency
4. Builds continuous awareness and trust until vaccine launch



Brand Outcomes

Measurement Logic

HOW PRE-LAUNCH SYSTEM BUILDING TRANSLATES INTO LAUNCH READINESS

Measurement layer	What is tracked	What it indicates for Brand Umi
Clinic adoption	Number of clinics live with microsite and QR	Penetration of the prevention system at the point of care
Parent exposure	Microsite visits and video views	Early awareness and relevance of dengue prevention
Repeat engagement	Return visits, multi-video views	Strength of prevention mindset formation
HCP continuity	Webinar attendance and PDF usage	Sustained clinical involvement before launch
Message consistency	Alignment across clinic, webinars, and digital	Reduced fragmentation of dengue messaging
Launch readiness	Parent openness to preventive discussions	Lower friction when vaccination is introduced

Take Action

Strategic Opportunity



Dengue or other optional vaccines don't win at launch alone. Success comes from shaping awareness, trust, and prevention behaviour upfront.

By embedding into clinic workflows and aligning messaging across parents, pediatricians, and academies, the vaccine becomes the logical next step, not a late intervention.

SPEAK WITH US TO BUILD THE CLINIC-ALIGNED SYSTEM YOUR BRAND NEEDS - ETHICALLY AND MEASURABLY.

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