

Working Group on Pandemic Influenza Preparedness

May 1, 2009

Dear Senator/Representative:

On behalf of the Working Group on Pandemic Flu Preparedness, we urge you to support emergency funding for pandemic influenza planning and response.

The recent outbreak of H1N1 (swine flu), which is suspected in the infection of thousands of people and in the deaths of over 100 worldwide, is the first example in several decades of a novel virus that is easily transmittable between humans. At least 140 cases, including one death, have been reported in the U.S. The outbreak should be a wake-up call that, despite tremendous progress, worldwide preparations are far from complete. As of April 30th:

- The Acting Secretary of HHS has declared a Public Health Emergency, which frees up federal assets to affected areas, allows emergency use authorization (EUA) of pharmaceutical interventions and laboratory tests, and implements certain liability or regulatory waivers, if necessary;¹
- The World Health Organization (WHO) has raised the pandemic alert level increased the pandemic alert level from four to five, which is “a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short;”²
- The Centers for Disease Control and Prevention (CDC) has deployed its staff domestically and internationally to provide guidance and technical assistance and has activated its Emergency Operations Center to coordinate the response.³
- HHS and the Department of Homeland Security (DHS) have announced the release of 12.5 million courses of antivirals from the Strategic National Stockpile (SNS) to states, and the Department of Defense is prepositioning an additional seven million treatment courses of antivirals.⁴

A Government Accountability Office (GAO) report, while detailing some of the successful pandemic-related efforts by the Department of Health and Human Services (HHS), points out that “while these approaches have been significant, considerable more work needs to be done.” That is why we applaud President Obama for requesting \$1.5 billion in emergency appropriations in response to H1N1. We hope Congress will work with the Administration to ensure there is sufficient funding to meet the current and future demands of a major outbreak.

The Working Group recommends the President’s request provide \$870 million in no-year funding that was requested, but not yet funded, by the previous Administration in FY 2008 for expanding cell and egg-based vaccine capacity, purchasing antivirals for the federal

¹ <http://www.hhs.gov/news/press/2009pres/04/20090426a.html> (April 26 2009).

² http://www.who.int/csr/disease/avian_influenza/phase/en/index.html (April 29 2009)

³ <http://www.cdc.gov/swineflu/index.htm>

⁴ http://www.dhs.gov/ynews/releases/pr_1240773850207.shtm

stockpile, and accelerating research and development of rapid diagnostic tests that can be used to enable doctors and field epidemiologists to quickly evaluate patients for influenza viruses. As of January, the federal government had invested \$1 billion to expand U.S.-based vaccine production, with six companies in various stages of expansion.⁵ Completing this commitment will ensure these companies complete their expansion and stabilizes the market for countermeasures. The investment will make certain the U.S. has access to a domestic supply of medical countermeasures, rather than depending on foreign manufacturers for our protection during a pandemic. We urge Congress to establish a reserve fund for rapid swine flu vaccine development and production. If the scientific community determines that an H1N1-specific vaccine is needed to protect the American people from a later wave of this flu, current funding levels would not support rapid vaccine production capacity to be able to provide a vaccine for all Americans.

In order to sustain the nation's improved pandemic influenza preparedness and realize the benefit from these projects, the Working Group also requests \$350 million for states and localities to support infrastructure needs critical to the response, including purchasing equipment, distribution of medical countermeasures from the stockpile, maintenance of 24-hour staffing for disease reporting hotlines and laboratory capacity, public and clinician education, and maintaining staff positions recently lost to budget cuts. The implementation of effective contingency plans, strategies, and capabilities are required in addition to vaccines to protect the public's health in the community and in workplaces. State, local, territorial and tribal public health agencies are on the front lines of the swine flu outbreak investigation and are being depended on for surveillance, laboratory testing, and epidemiology. State and local health departments are the primary means for population-based distribution and administration of medical countermeasures; initiating disease control and containment procedures; and coordinating medical services. While \$600 million was appropriated in FY 2006 for state and local pandemic preparedness, all of those funds have been expended, and no additional funds have been forthcoming.⁶

Federal funding should also be allocated to replenish and build the SNS with antivirals and respirators. **The Working Group recommends \$122 million to complete state antiviral stockpiles for treatment of people who become ill.** The SNS must maintain a mix of existing antivirals (Relenza® and Tamiflu®) to provide treatment for a variety of influenza strains and should be an agile supply source as the development of new antivirals evolves. Over eight million courses of antivirals are still needed to meet the original stockpile goal of 75 million treatment courses.

The Working Group requests at a minimum, an additional \$563 million for states and localities to purchase personal protective equipment and antivirals for prophylaxis of healthcare and critical infrastructure workers. HHS released guidance in 2008 calling for an additional 109 million courses of antivirals to be stockpiled to prevent illness among workers who are involved in the pandemic response. Many private sector companies and healthcare facilities have begun stockpiling, but additional courses are needed to supplement

⁵ *Pandemic Planning Update VI*, U.S. Department of Health and Human Services, January 8, 2009. Available from: <http://pandemicflu.gov/plan/pdf/panflureport6.pdf>.

⁶ *Blueprint for a Healthier America*, Trust for America's Health, October 2008, p. 64.

their efforts. Congress should also insure that sufficient funding is provided to acquire and stockpile personal protective equipment as recommended in the pandemic preparedness plans.

Through integrated disease surveillance, prevention and control activities, CDC's Global Disease Detection (GDD) Program aims to recognize infectious disease outbreaks faster, improve the ability to control and prevent outbreaks, and to detect emerging microbial threats. We recommend increasing support for the GDD program. In 2007, the GDD program received \$33.7 million in funding. **If the funding were increased to \$55 million, four additional regional detection centers could be established to improve global disease outbreak detection and control.** Funding supports training in field epidemiology and laboratory methods and pandemic influenza preparedness and response, including improving and expanding global surveillance networks, increasing virus isolation and epidemiological data collection through expansion of capacity; and increasing timely identification, reporting and response to outbreaks.

Our work in preparing for a flu pandemic is far from over. Congress and the Administration must update plans, invest in research and development, bolster the nation's public health infrastructure, replace expiring medical stockpiles, and review the impact of federal strategies as the science and policies evolve. The Working Group on Pandemic Preparedness appreciates your continued leadership and looks forward to continuing to work with you to better protect our nation from this potentially deadly virus.

Sincerely,

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American College of Occupational and
Environmental Medicine
American Lung Association
American Osteopathic Association
American Public Health Association
American Red Cross
Association for Professionals in Infection
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Please direct all inquires or comments to Jeff Levi (jlevi@tfah.org), Kim Elliott (kelliott@tfah.org), or Rich Hamburg (rhamburg@tfah.org). All can be reached by phone at 202-233-9870. Trust for America's Health is committed to sharing information with all members of the Working Group on Pandemic Preparedness or directing specific inquiries to participating organizations.

