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association of state and territorial health officials

April 19, 2010

Peter Orszag, Director  
Office of Management and Budget  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Re: Continued spending of Public Health Social Services Emergency Funds made available through the Public Health Emergency Response (PHER) Program

Dear Mr. Orszag:

The National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), and the undersigned ASTHO Affiliated Organizations urge the Office of Management and Budget to permit continued spending of the remaining funds made available through the Public Health Social Services Emergency Fund for all phases of the Public Health Emergency Response (PHER) Program beyond the current deadline for spending of July 31, 2010. These supplemental funds provided to states, territories, and four large cities enabled the nation's public health system to provide timely, comprehensive services necessary to protect the public from the most recent wave of the H1N1 influenza pandemic. Many of these activities, such as enhanced disease surveillance and epidemiologic investigation, laboratory testing, public and healthcare provider education and outreach, and community-based vaccination programs, must continue as we prepare for the next rapidly approaching influenza season.

Core funding traditionally provided through the CDC Public Health Emergency Preparedness Program (PHEP) is insufficient to sustain these important additional activities. State and local governments cannot absorb this financial responsibility given the current budget crisis. Neither can we risk being unprepared if this funding stops abruptly. We must be ready to protect the lives of those most vulnerable, such as children and pregnant women, if another wave of the H1N1 epidemic occurs.

Despite the current perception that the H1N1 epidemic is waning, the potential for resurgence during the 2010-2011 influenza season remains. Although the H1N1 strain will be a component of the seasonal influenza vaccine, there is a critical distinction between the behavior of the H1N1 virus and seasonal influenza viruses. H1N1 influenza disproportionately affects children, pregnant women, and persons with underlying health conditions. While the nation's health departments and medical care providers are accustomed to targeting influenza vaccine to those populations that are usually the most vulnerable, including the elderly and persons with underlying health conditions, the 2009-2010 effort to reach children and pregnant women required development of a variety of new strategies and tactics to reach the populations at highest risk for hospitalization or death. This included establishment of many new school-based vaccination programs and development of working relationships with OB/GYN clinicians and retail pharmacies. Additionally, the recent recommendation by the Advisory Committee on

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Immunization Practices (ACIP) to include all persons 6 months and older (“universal vaccination”) for annual influenza vaccination, while extremely important, will place additional burden on state and local public health departments in the areas of education, outreach and increased vaccination services.

State and local health departments cannot continue the additional labor-intensive work to vaccinate children, pregnant women, and other high risk populations against the H1N1 virus, in addition to their customary seasonal influenza vaccination efforts, unless the additional work, funded by the PHER Program, continues. Planning for school-based vaccination programs this autumn will stop in the absence of assured implementation funds. Enhanced state and local disease surveillance, to detect and characterize another wave of H1N1, will also stop. It will be extraordinarily difficult, if not impossible, and highly inefficient to stop this work and then renew it again if the 2010-2011 influenza season results in a high burden of illness and death among children and pregnant women, as it did in 2009. Maintaining the requisite capacity and capability is a matter of national health security.

The nation’s public health system performed exceedingly well during the H1N1 epidemic, particularly in the face of the challenges posed by belated availability of the vaccine when public demand exceeded supply. Much was learned about the effort required to communicate with and vaccinate vulnerable groups and hard-to-reach minority populations. With the wealth of knowledge gained through after-action reviews of our recent response and sufficient resources, all jurisdictions are poised to institute the necessary improvements to strengthen our collective response. It would be short-sighted and risky to assume that these plans and systems will not be needed for the remainder of the 2010-2011 influenza season and beyond.

The nation’s state and local health departments advise, in the strongest possible terms, that OMB permit continued spending of all remaining PHER funds at least for the 2010-2011 influenza season. Please contact us if you require further information to support this most urgent request.

Sincerely,

Paul E. Jarris, MD, MBA  
Executive Director  
ASTHO

Robert M. Pestronk  
Executive director  
NACCHO

cc: Secretary Kathleen Sebelius, DHHS  
Director Thomas Frieden, CDC



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This letter is endorsed by the following ASTHO Affiliated Organizations:

Association of Immunization Managers  
Association of Public Health Laboratories  
Association of State and Territorial Directors of Nursing  
Association of State and Territorial Local Health Liaison Officials  
Association of State and Territorial Public Health Social Workers  
Directors of Health Promotion and Education  
Council of State and Territorial Epidemiologists  
National Alliance of State and Territorial AIDS Directors  
National Association of Chronic Disease Directors

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