

Working Group on Pandemic Influenza Preparedness

June 2, 2009

Dear Conferee:

On behalf of the Working Group on Pandemic Influenza Preparedness, we thank you for including pandemic influenza preparedness funds in the FY 2009 supplemental appropriations bills, S.1054/H.R. 2346. We are grateful that both houses of Congress have reacted quickly to the President's request for emergency funding in response to the outbreak of a novel strain of influenza, H1N1. We urge you to include the House language on pandemic funding in the final measure passed by Congress.

The U.S. response to the H1N1 novel influenza A outbreak has been widely applauded as appropriately aggressive without inciting panic. This response would not have been possible without over \$7 billion in pandemic preparedness funding provided by Congress since FY 2006. However, both the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have warned that, although spread of the disease may be slowing at present, we are not out of the woods. In previous pandemics, the virus has come in several waves, diminishing in virulence over the summer and coming back in a mutated, more severe strain in the fall. Because of the unpredictability of influenza viruses, it is essential that the Department of Health and Human Services (HHS) be provided sufficient resources to prepare in advance of a potential pandemic.

We recommend the final supplemental include the following figures, included in the House version of the supplemental:

- **The House-passed figure of \$350 million for state and local pandemic preparedness efforts.** State and local health agencies and laboratories have been feeling the brunt of the economic downturn, yet the demands on these departments are only increasing. State and local health departments have been active throughout the H1N1 outbreak in disease surveillance, laboratory testing and identification, communicating with the public, and distributing antivirals, among other activities. These funds are needed to continue planning for response to a potential increase in the strength of the virus in the fall/winter of 2009/2010.
- **A minimum of \$1.5 billion in flexible funding, to be allocated to the HHS Public Health and Social Services Emergency Fund.** HHS and CDC will use the funds to continue to build domestic vaccine capacity, replenish and build antiviral stockpiles, and expand domestic and international biosurveillance capacity. According to the Statement of Administration Policy for S. 1054, released on May 19th, it is "important to have maximum flexibility to be able to allocate and deploy resources to the most critical activities as the outbreak evolves." In addition, it is important that HHS be the primary agency with control over these

funds, as the department has served as the lead agency in implementing the National Strategy on Pandemic Influenza since November 2005.

- **The House-passed \$200 million to support global efforts to track, contain, and slow the spread of a pandemic.** The nation's ability to contain the disease is only as strong as the efforts of other nations in fighting what would by definition be a global pandemic. Influenza viruses do not heed national borders, and it is essential to build surveillance and vaccination capacity worldwide, especially among developing nations.

In addition, the Working Group urges you to consider the following pressing needs not included in either version:

- **Purchase and administration of H1N1 pandemic vaccine.** Federal officials recently announced plans to procure a vaccine for H1N1, which will take three to six months to produce for the entire U.S. population. We are concerned that the \$1.5 billion in the current supplemental will not be nearly enough to cover the costs of buying, distributing, and giving shots to individuals. Funds will also be needed for electronic registries to assure complete dosage and surveillance for adverse reactions. We urge you to work with the Administration during conference to arrive at an appropriate level for this critical activity. The UK, Belgium, France, and other European nations have already begun ordering stockpiles of H1N1 vaccine from manufacturers for large percentages of their populations. Pharmaceutical companies will therefore need assurances from the U.S. government that there will be funding for a guaranteed purchase for American stockpiles.

The costs for implementing a mass vaccine distribution at the state and local level will be significant. Distributing and administering a vaccine on a rolling basis as it becomes available, monitoring for adverse effects of the vaccine, keeping track of who has received the expected two doses of the vaccine, and running public health information and communication campaigns are enormous tasks that will fall to local and state health departments. We urge the conferees to work with DHHS and state and local health officials to determine how much funding will be needed for this critical responsibility.

- **Contingency fund for state and local response.** A no-year contingency fund to be activated in the case of a public health emergency will fund the ongoing response to H1N1 by state and local health departments. The response includes reinforcing the state and local public health workforce to sustain and enhance influenza surveillance, case detection, epidemiological investigation, and laboratory testing; implement broad scale measures to mitigate the spread of the virus; organize medical care and other community resources; deploy medical countermeasures from the strategic national stockpile; communicate with the public and providers; and manage other community-wide response efforts. Local and state health departments have planned well and they know what to do. But

implementation will require harnessing resources well beyond the day-to-day capacities of state and local health departments.

- **\$122 million to complete state antiviral stockpiles for treatment of people who become ill and re-label short-dated supplies within the stockpile.** Federal funding should be allocated to replenish and build the SNS with antivirals and respirators. 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.
- **At minimum, an additional \$563 million for states and localities to purchase personal protective equipment and antivirals for prophylaxis of public health, 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 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.

Again, we applaud the Committee's foresight in taking this potential health threat seriously. We look forward to working with you on this legislation and are happy to answer any questions from you or your staff.

Sincerely,

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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.