

H1N1 Flu: Monitoring the Nation's Response
Homeland Security and Governmental Affairs Committee
Chairman Joe Lieberman
October 21, 2009

Good morning. We have called today's hearing to discuss measures that have been taken so far to manage the spread of the H1N1 influenza virus, which reached pandemic proportions this summer and continues to claim new victims every day, especially among young people.

I want to thank Homeland Security Secretary Janet Napolitano, Health and Human Services Secretary Kathleen Sebelius, and Education Secretary Arne Duncan for being with us today. These are the three federal officials who have been coordinating the federal government and our nation's response to this public health challenge, which now can be called a public health crisis. We very much appreciate that you made the time to be with us here today for this oversight hearing.

Each of your agencies has critical responsibilities for dealing with the H1N1 public health emergency that has already taken the lives of thousands and thousands of people across the globe. Here in the U.S.,

the Centers for Disease Control and Prevention is no longer counting cases because the difficulty of staying on top of the increasing numbers and confirming those numbers. We do know that at least 2,300 people have died in the U.S. from H1N1 flu in the last few months.

Under existing federal government emergency protocols, the Department of Homeland Security is the overall incident manager, coordinating resources across the federal government and assisting state and local governments in their response to the H1N1 virus. The Department of Health and Human Services, including the CDC, has been responsible for leading the public health and medical response. And because this H1N1 outbreak poses greater risks for children than the traditional flu, the Department of Education has helped guide local districts on how to protect their students, under what circumstances to close schools, and what to do if a school must be closed.

This particular strain of influenza - H1N1 - has moved with alarming speed and taken an exceptionally high toll at a time of year when we don't normally encounter significant cases of flu. The CDC

reports that the H1N1 flu has spread to all parts of the country, with almost all states reporting widespread or regional outbreaks. I want to draw your attention to the chart that my staff has prepared with information from the CDC and it gives you a sense of the course of the flu outbreak over the preceding three seasons. The H1N1 outbreak is now - at a time of year that's normally low in terms of flu impact - higher than the regular flu was at its peak in January. Of course this raises real concerns for us about where this line will go in the months ahead.

Alarmingly, young children are at very serious risk, with 43 pediatric deaths tallied so far this fall - 11 of which occurred just the week before last, the most recent period for which we have data. These pediatric mortality statistics for H1N1 flu are already equal to what we usually see over the entire course of a normal flu season for children. Presumably, and regrettably, these numbers will climb higher as the outbreak shows no signs of waning. Pregnant women are also being hit hard by the flu. Of the over 100 pregnant women in intensive care

through late August there were 28 deaths. The CDC, obviously, is quite concerned about that.

Thus far, the federal government in general, and the three of you and your agencies in particular, have responded aggressively and as effectively as possible to the threat of the H1N1 virus. You have quite skillfully tracked the spread of the disease and who it is afflicting. You have worked with private sector partners to develop a vaccine quickly. You have provided important information to guide state and local officials through perils they may face as the virus escalates. And you have remained very publically accessible and visible, communicating critical developments in this public health emergency to the American public. I presume that previous presidential directives and national strategies for infectious diseases and influenza pandemics that were issued over the last several years have informed and facilitated your decisions, which proves, once again, the immense value of planning. So there's a lot that should be reassuring and encouraging to the American people.

I want to say that I am concerned, as we meet this morning, that the flu is spreading so rapidly and in some cases with such intensity that it may well be getting ahead of the public health system's ability to prevent and respond effectively to it.

There are three aspects of the federal government's response to the H1N1 that are not reassuring, and I want to ask you directly about them and ask you to respond to them in your testimony. First, the schedule for vaccine production and availability - whose existence is really quite remarkable - that you set has slipped. The 28 million to 30 million doses that will apparently be available by the end of the month is 25 percent below initial governmental projections of the 40 million vaccines that you thought would be available by the end of October. There are now very unsettling reports of growing vaccine shortages that are leading a lot of people to ask if enough vaccine will be produced in time for all who will need it as we continue to experience the spread of H1N1 flu.

This week, one television reporter used the term "quiet desperation" to describe the feeling of public health officials around the

country facing shortages of the H1N1 vaccine in their areas. That, I'm sure, is as unsettling and unacceptable a situation to you as it is to the rest of us.

Second, I want to express my concern that hospitals and public health departments do not have the capacity to care for the surge of people who may need hospitalization as a result of a spread of the virus. This is not a stunning new problem, we've worried about the capacity of our public health system, for instance, to deal with the consequences of a bioterrorist attack on the U.S.

I want to quote from a report this month from the Trust for America's Health that found that 27 states, including my own State of Connecticut, could exceed or come close to exceeding available hospital bed capacity during the peak of an outbreak, if 35 percent of the American people become infected with the flu, which the Trust says is a plausible number. Based on the 35 percent modeling scenario, more than a million people in Connecticut could develop the H1N1 virus, which would result in more than 17,300 hospitalizations at the peak of

such an outbreak, which is about 150 percent of the total hospital bed capacity in Connecticut. I'm sure that situation repeats itself in other states and throughout the country.

My third concern is about the availability of intravenous anti-viral medications to treat the most critically ill with the H1N1 virus.

Secretary Sebelius, you have an encouraging but general sentence in your written testimony about this. A recent report by the President's Council of Advisors on Science and Technology posed a plausible scenario in which 30 percent of the population would be infected with the H1N1 virus, resulting in almost two million hospitalizations. What particularly struck me was their estimate that between 150,000 and 300,000 of those hospitalizations could be so serious that they would require intensive care treatment. A lot of those people, from what I've heard from doctors, are probably not going to be able to be treated with the existing anti-virals, such as Tamiflu and Relenza. I know that HSS under the BARTA program, has actually been very farsighted about this and invested some money in some breakthrough work that's being done

to develop intravenous retrovirals for those who are critically ill with this flu. This is one of those moments that poses a public health and ethical dilemma because they haven't fully completed all the trials. I want to hear about the state of development and of decision making about the availability of these intravenous anti-virals.

Bottom line, your departments have worked very aggressively and to the best of your ability. My concern is that this flu, the H1N1 virus, is moving very rapidly. While it seems to be affecting most people mildly, it is clearly affecting a small percentage quite seriously, so I am worried that the virus is getting ahead of the public health system's capacity at this moment to prevent it and respond to it. So it's with that sense that I thank you for being here and I very much look forward to your testimony.