Statement of Chairman Joseph Lieberman
Homeland Security and Governmental Affairs Committee
"H1N1 Flu: Getting the Vaccine to Where It Is Needed Most"
Washington, DC
November 17, 2009

Good afternoon. We hold this hearing on the H1N1 flu against the backdrop of two crucial numbers going the wrong way – more flu deaths than previously realized and fewer vaccine doses than originally promised.

This has led to understandable public frustration and anger mixed with confusion over just who should get vaccinated, with states and even individual cities and counties creating different priority lists. It has also led, I'm afraid, to some of the highest risk individuals, such as pregnant women and children with asthma waiting in those long lines for vaccine shots that ultimately were not available. And it has created anxiety, sometimes fear, among parents going on wild goose chases, trying to get vaccine for their children their government says they need but that they, the parents, can't find.

As I said in our previous hearings, I am very grateful for the work that Administration officials have done since the H1N1 virus appeared in April. Particularly, the H1N1 vaccine was developed in record time and safely.

And I know how hard each of you and your colleagues have been working since the onset of this global epidemic, but with so many eligible Americans still unable to get the vaccine, a good situation has turned bad. I worry that we are undermining confidence generally in the public health system, and that people most at risk are not only not getting the vaccine but have stopped trying.

Last week the Centers for Disease Control (CDC) released new estimates of the toll the H1N1 virus has taken to date, and they are significant: 22 million Americans struck ill by this virus, with 98,000 people needing hospitalization, and a little short of 4,000 people – including 540 children – have passed away either directly from H1N1 flu or from a combination of the flu and complications. That is a quadrupling of the previously reported death toll as it was understood in October.

Another set of estimates – the amount of vaccine available – has unfortunately been revised downward again and again since planning for the pandemic began in April.

And this, I believe, is what is really at the heart of what has caused so much frustration and fear, which I think was unnecessary.

Three months ago, CDC estimated the nation would have 120 to 160 million doses on hand by the end of October that would be used first to inoculate five target groups – pregnant women, caregivers of infants under six-months, health care providers, anyone between the ages of six months and 24 years, and high risk adults under the age of 65. These groups total a very large number – actually more than half the U.S. population – or about 160 million people – and

the consistent message to the public coming from HHS and CDC was that these initial target groups needed to get vaccinated.

So where did those numbers come from? The Advisory Committee on Immunization Practices (ACIP) is the group that identified those first priority groups. But I was interested to learn that it also generated a secondary and smaller list of the approximately 42 million most at risk in case vaccine availability fell short of what was planned for. Those in the most at-risk group include pregnant women, caregivers of infants under six months, health care workers, but then a smaller subset, children aged six months to four years, and high risk children aged 5-18.

Rear Admiral Anne Schuchat of the CDC described this targeted alternative at a July CDC press briefing as – and I quote – "a just in case scenario" that likely wouldn't be needed but which we should have in our "back pocket."

Then two months ago the "just in case" scenario became the reality we are dealing with today, as the estimate of available vaccine dropped to 85 million doses – and then by the end of October to under 27 million doses. Now there are about 42 million doses available, coincidentally exactly the number of Americans most at risk.

States were handed these two sets of guidelines and told to use their own discretion with respect to how to implement them. Some states opened their vaccination programs to everyone in the initial, large target group. Others, like my home state of Connecticut, took a conservative approach – starting with the smaller targeted subset and expanding the list as more vaccine becomes available.

But different states targeting different populations has sent a confusing message to the public about who needs to get the vaccines quickly. And there is little transparency into how and why these decisions are made.

[CHART]: This chart – based on CDC data – shows how significant the gap is between what would be needed to provide enough vaccine for the 160 million people in the broad priority groups – the 42 million people in the targeted subset – and what is actually available.

That was a recipe for the public outrage that has resulted.

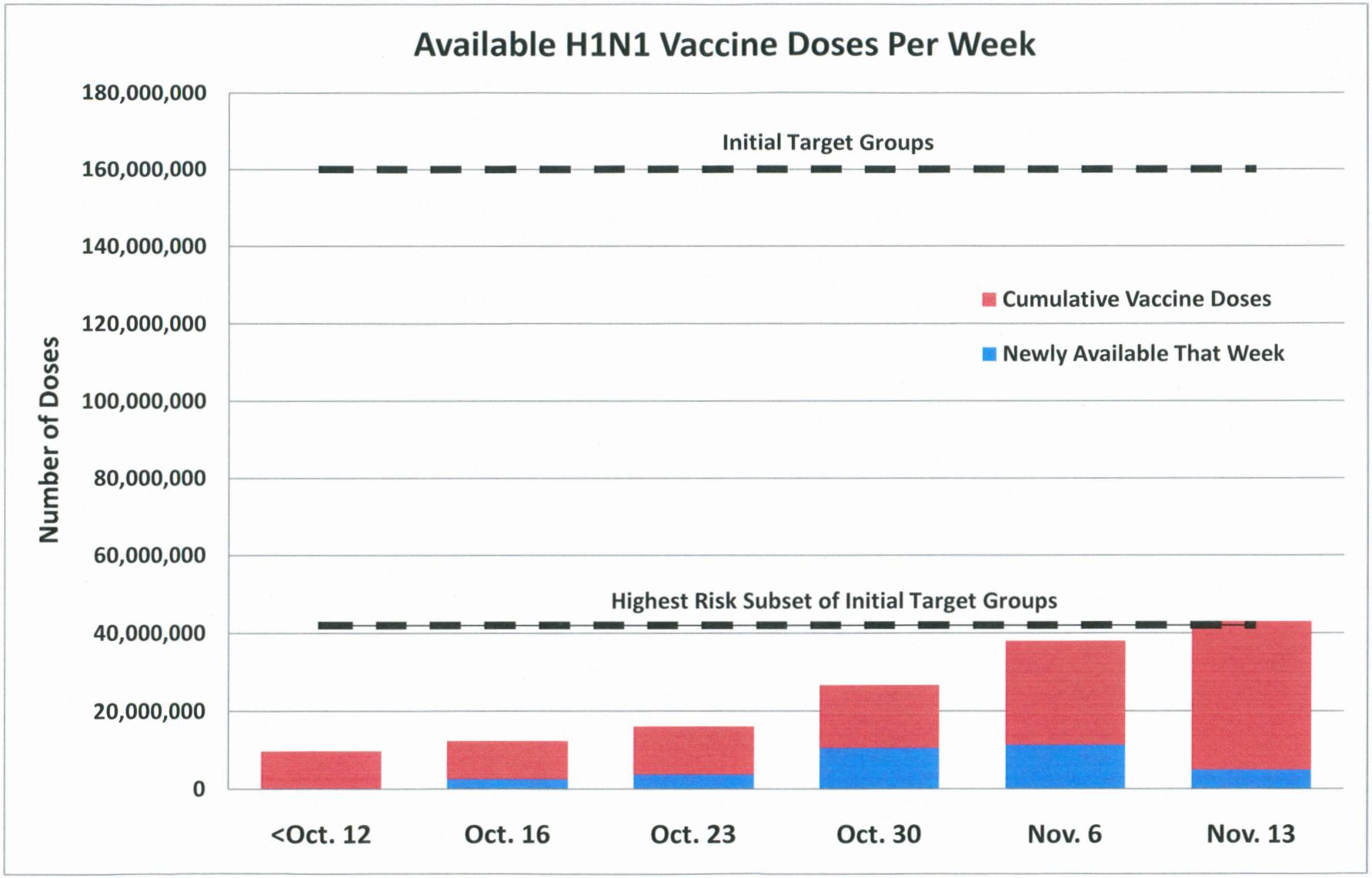
At our hearing last month, Health and Human Services Secretary Kathleen Sebelius expressed optimism that the problems with manufacturing and production of the vaccine that had been the obvious cause of the much smaller number than predicted had been resolved.

Things looked better two weeks ago when 11 million more doses were delivered, with another 8 million doses projected to be available last week. But by last Friday only about 5 million more were available.

And I want to ask today why we can't accurately forecast supply just one week out or if something has happened again at the manufacturing facilities.

Senator Collins and I wrote a letter to Secretary Sebelius after our last hearing raising many of these many concerns. I did not find the Secretary's response to our letter satisfactory. She explained in some detail why HHS made key decisions along the way, but the response did not say that we have learned from this disappointing experience the American people have had or learned how to make it better. So today, I want to know what were the mistakes? How exactly are we adjusting our thinking going forward as this pandemic continues, and what are we learning that will make us better prepared for the next public health crisis?

Senator Collins?


Available H1N1 Vaccine Doses Per Week
Number of Doses
180,000,000
160,000,000
140,000,000
120,000,000
100,000,000
80,000,000
60,000,000
40,000,000
20,000,000
0
Initial Target Groups
Highest Risk Subset of Initial Target Groups
Cumulative Vaccine Doses
Newly Available That Week
<Oct. 12
Oct. 16
Oct. 23
Oct. 30
Nov. 6
Nov. 13