Testimony of
RADM Michael R. Milner, USPHS
before the
Committee on Homeland Security and Governmental Affairs
United States Senate
on
H1N1 Flu: Protecting Our Communities

Good morning Chairman Lieberman, Senator Collins and members of the Committee.

I am Rear Admiral Michael Milner, U.S. Public Health Service and the Health and Human Services Regional Health Administrator for Region 1 (New England) based out of Boston, Massachusetts.

I appreciate the opportunity to testify today regarding the work our federal government, HHS and my regional office have done and are doing in support of our Northeast states and the State of Connecticut specifically to prepare for the pandemic 2009 H1N1 influenza virus this fall.

By way of background, I thought you should know about my role and responsibilities as the Health and Human Services Regional Health Administrator and how I came to be before you today. I have served as the senior federal public health official for the 6 New England states since August 2003 and work directly for the Assistant Secretary for Health, Dr. Howard Koh. Additionally, I serve as the Senior Federal Health Official for both HHS Regions 1 and Region 2 to the Regional Coordination Team Leader in support of the Department of Homeland Security.

Since the initial spring outbreak of 2009 H1N1 influenza, the virus has triggered a worldwide pandemic, and has been the dominant flu strain in the southern hemisphere during its winter flu season. The evidence to date shows that the virus has not changed to become more deadly. Unlike our typical seasonal flu, we continued to see flu activity in the United States over the summer, notably in summer camps. More recently, we have seen an increase in 2009 H1N1 influenza activity in several states and expect this to continue across the United States during the coming months. As fall begins, we anticipate that even more communities may be affected than those that saw cases this past spring and summer. In addition, communities may be more severely affected, reflecting wider transmission and causing potentially greater impact. Seasonal influenza viruses may cause illness concurrently with 2009 H1N1 this fall and winter and it will not be possible to determine quickly if ill individuals have 2009 H1N1 influenza, seasonal influenza, or other respiratory conditions based on symptoms alone. It is also difficult to predict the severity of the disease that we will see in the coming months from either 2009 H1N1 or seasonal influenza. Influenza is an unpredictable disease and we know that things will change and we will learn more throughout the fall.

Slowing the spread and reducing the impact of H1N1 and seasonal flu is a shared responsibility, and we all need to plan for what would need to be done when the flu impacts our State, community, school, business or home this fall.

The Northeast State Health Officers (SHO's), Emergency Managers, Communications Directors, State Public Health Preparedness Directors along with a federal partners team consisting of ASPR Emergency Coordinators, CDC Project Officers, FEMA and DOD planners and DHS/HHS leaders, have been engaged in very aggressive, detailed Pandemic Planning through face to face meetings, active listening sessions with stakeholders and conducting joint exercises. This pandemic planning process began in early 2006 and has resulted in several multi-day, multi-sector planning events, the first pandemic executive communications regional exercise, the first regional FEMA Joint Field Office operational exercise in the country, several joint state Table Top Exercises, development of the first regional federal Concept of Operations document for JFO operations during a pandemic and a series of regular dialogues between regional state response agency leaders. Our combined efforts have been centered on enhancing interstate and inter-regional communication strategies, sharing mitigation strategies, developing better integrated plans, improving existing scientific guidance, exercising our plans, improving our regional critical information requests so as to reduce the burden on our state partners, and evaluating our outcomes with the goal of building resilience and reducing the impact of a pandemic on our society.

Beginning April 24th, 2009 and continuing through early June, 2009, the regional federal team had daily contact with our State Health Officers and their support teams. Because of our daily early morning conference calls, we were able to communicate to our HHS leaders in real time the "ground truth" of the characteristics of the emerging 2009 H1N1 virus and the impact of federal guidance to our states and local governments related to school closures, epidemiologic testing and surveillance practices, and the use of Personal Protective Equipment and antiviral countermeasures. This allowed for faster modifications of our federal guidance to better match community mitigation efforts with the true viral impact of 2009 H1N1. I personally believe that the Northeast States were at the tip of the spear in the early days of novel H1N1 outbreak and that the strong partnership that we developed here helped shape the federal messages and the tone and tenor of our federal response. Over the summer we participated in weekly calls with our SHO's who continued to helped shape the federal guidance for things like school and camp containment strategies and lab testing protocols. I hold all of my colleagues from the Departments of Health, Emergency Management, and Public Health Preparedness in the Northeast states and especially Connecticut in the highest regard. We work together to resolve perceived or real conflicts, share ideas, improve our understanding of each others processes and build trust for the benefit of all citizens of Connecticut and the entire Northeast.

CDC's Efforts:

The nation's H1N1 response builds upon gains states and localities have made in all-hazards preparedness from past years of federal funding, including CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement.

Since 2002, the PHEP cooperative agreement has provided nearly $7 billion to support preparedness nationwide in state, local, tribal, and territorial public health departments. The PHEP program uses an all-hazards approach to help ensure that public health departments have the capacity and capability to effectively respond to the public health consequences of not only terrorist threats, but also infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. PHEP accomplishments include:

- ✓ All states have public health emergency response plans in place (few states had such plans in 2001).
- ✓ All states have plans in place for receiving and distributing assets from the Strategic National Stockpile and are exercising those plans.
- ✓ All states have crisis and emergency risk communication plans.
- ✓ All states have individuals assigned to evaluate urgent disease reports 24 hours, 7 days a week, 365 days a year.
- ✓ All states have protocols in place to activate the public health emergency response system 24 hours, 7 days a week, 365 days a year.
- ✓ Participation in the Cities Readiness Initiative (CRI) has increased from 21 cities in 2004 to 72 cities today. CRI aids state and local officials in developing plans that support mass dispensing of needed drugs and medical supplies to 100 percent of the identified population within 48 hours to avert mass casualties during a large scale public health emergency, such as a bioterrorism attack.

Now, CDC is working to support states and localities with 2009 H1N1 preparedness and response activities in three major areas: 1) administration of supplemental emergency funds totaling approximately $1.35 billion; 2) targeted technical assistance; and 3) distribution of pandemic influenza pharmaceuticals and supplies.

Area 1: Public Health Emergency Response (PHER) Supplemental Funding

CDC is administering approximately $1.35 billion through the Public Health Emergency Response (PHER) grants to upgrade state and local 2009 H1N1 influenza preparedness and response capacity. This funding was appropriated by Congress in June 2009 through the Supplemental Appropriations Act, 2009, and the 2009 H1N1 funding has been distributed in phases. The 62 awardees include 50 states; 8 territories and freely associated states; and 4 localities (Chicago, Illinois; Los Angeles County, California; New York City, New York; and Washington, D.C.). These funds are building upon the work of previous federal pandemic preparedness funding provided by Congress.

PHER Phase I

Phase I funding of $260 million is intended to help awardees assess their current capabilities in pandemic influenza response and to address remaining gaps in two focus areas as described below.

- Focus Area 1: $195 million - Vaccination, Antiviral Distribution/Dispensing and Administration, and Community Mitigation Activities
- Focus Area 2: $65 million - Laboratory, Epidemiology, Surveillance Activities

Connecticut's share of these funds is $2,998,173.

PHER Phase II

An additional $248 million in PHER Phase II funding has been awarded to supplement the original $260 million and is intended to provide additional resources to accelerate mass vaccination planning and implementation preparedness activities. Phase II funding also may be used for vaccine delivery, vaccine administration, and related communications planning and implementation.

Connecticut's share of Phase II funding is $3,391,156.

PHER Phase III

A total of $846 million in PHER Phase III funding will be awarded for implementation of the 2009 H1N1 influenza mass vaccination campaign, expected to begin in October, at the state, local, tribal, and territorial levels.

Connecticut's share of these funds is $10,492,903.

Area 2: PHER Gap Assessments and Targeted Technical Assistance

On August 31, PHER awardees submitted detailed gap assessments intended to identify and report current and anticipated gaps in 2009 H1N1 influenza planning and response functions. As we speak here today, CDC staff are completing a rapid analysis of the gap assessments. This will provide a preliminary snapshot of current gaps to inform decision-making and enhance planning and coordination at the local, state, and federal levels. It will provide data needed to develop and deliver targeted 2009 H1N1 technical assistance by HHS to our states and jurisdictions. We are very anxious to see this analysis and begin the work to address identified gaps.

Area 3: Pandemic Influenza Countermeasures

During the spring 2009 H1N1 response, CDC's Strategic National Stockpile (SNS) delivered more than 11 million regimens of antiviral drugs, 12.5 million surgical masks, and 25 million N-95 respirators to all 62 project areas in 7 days. This material was pre-deployed as the novel H1N1 virus event was unfolding, even before we knew the full extent of the viral outbreak. These assets comprised 25% of the states' allotted pandemic influenza allocations and was the first large scale distribution of its kind. The SNS is currently working with states to determine future needs.

The Connecticut SNS allocation of antiviral drugs is nearly 520,000 regimens.

Additionally, HHS is collaborating with representatives from the pharmaceutical and personal protective equipment industries (manufacturers, wholesalers and distributors), retail pharmacies, and public health federal and non-federal partners on a project to assist federal, state and local public health leaders gain visibility of the commercial supply chain for critical influenza countermeasures. Such visibility will allow for better public health decision-making when it comes to procuring, distributing, and dispensing these critical medical assets.

ASPR Efforts:

The other HHS division which has been providing resources and assistance to the states is ASPR, the Assistant Secretary for Preparedness and Response.

Hospital Preparedness Program (HPP)

Since 2002, the Hospital Preparedness Program (HPP) has provided more than $3.2 billion to fund the development of medical surge capacity and capability at the state, sub-state/regional and local levels, through enhanced planning, equipping, training and exercising. The program has made considerable investments in building the healthcare preparedness and response capabilities required during an incident resulting in mass casualties, and is committed to performance measurement.

As a result of HPP funds awarded to States and Territories, hospitals and other healthcare systems have improved their capability to:

- Exercise and improve preparedness plans for all-hazards including an influenza pandemic.
- Track patient, bed and resource availability using electronic systems;
- Engage with other responders through interoperable communication systems;
- Develop healthcare partnerships and coalitions;
- Develop ESAR-VHP (Emergency System for Advance Registration- Voluntary Health Personnel) systems;
- Appropriately train healthcare workers using an all-hazards approach to emergencies,
- Protect healthcare workers with proper equipment;
- Install equipment necessary to decontaminate and isolate patients;
- Develop fatality management and hospital evacuation plans;
- Coordinate statewide and regional and exercises.

State of Connecticut- HPP

FY 2009 Pandemic Influenza Healthcare Preparedness Improvements for States
Total Funding - *$1,035,479*

Connecticut has come a long way in its planning efforts for an influenza pandemic using this federal funding over the past seven years. All of the hospitals in the state have plans in place for pandemic influenza operations, hospital vaccination programs and continuity of operations; it is absolutely necessary to assure that all are in fact operational and scalable to the specific facility. During the H1N1 outbreak response this spring, gaps in some of the plans and needed supplies were found. As Connecticut and other states wait to see what happens with the Flu Season this fall and specifically with the impact of this 2009 H1N1 virus, there is an urgency to fill in these gaps, so the hospitals can continue to limit the spread of this virus in order to protect and maintain their workforce, to prevent hospitals from becoming disease amplifiers and to protect non-flu hospitalized patients from infection. It is essential that every hospital be evaluated to see where they are in terms of these plans, so the state is focusing on evaluating the current status of plans and supplies.

To continue to provide the highest quality healthcare to all citizens, Connecticut proposed in their FY 2009 Pandemic Influenza application to use the funding ($1,035,479) to develop goals, objectives and activities in the following priority areas;

Objective #1: Maintain a robust healthcare system throughout the influenza pandemic by implementing activities related to healthcare workforce protection.

- Mass Vaccination for employees
- Employee Workplace Policies
- Adequate Personal Protection Equipment (PPE) Systems

Objective #2: A comprehensive strategy for the optimization of healthcare will be maintained throughout the influenza pandemic.

- Healthcare System Decompression
- Alternate Care Facility/Site Capability
- Situational Awareness
- Media Strategies

Summary:

In summary, in the months since the 2009 H1N1 threat developed, our federal team has seen an incredibly strong commitment from our colleagues on this panel to meet the challenges that this novel virus presents. Connecticut's planning efforts for 2009 H1N1 and seasonal influenza vaccination programs to target our citizens most at risk has been exemplary. They continue to improve guidance to health professionals, school administrators, parents, the business community and all Connecticut citizens which take the latest scientific evidence into consideration. They have worked very hard to make sure that Connecticut's most vulnerable citizens and those who are at greatest risk are included in the messaging and outreach.

I am sure in the upcoming rounds of testimony my state colleagues will describe their specific efforts which they have implemented and I am confident that they have been excellent stewards of the federal resources which have been and are being distributed. I

have seen their creativity and resourcefulness first hand and know that they are doing everything possible to address this challenge. I recognize that they have significant challenges imposed by virtue of economic downturn and resulting state budget and staffing shortfalls. Despite these real challenges, I am extremely comfortable that the planners and operators in Connecticut have excellent strategies in place to meet their missions. I am also extremely comfortable in the knowledge that our regional state partners know that they can count on our federal team to assist them in any way that we can in the coming weeks and months.

I appreciate this opportunity to address your committee and thank you for the privilege to continue to serve my nation in this capacity. I am available to answer any questions you may have at this time.