



**Testimony**  
**Committee on Homeland Security and**  
**Governmental Affairs**  
**Subcommittee on Oversight of Government**  
**Management, the Federal Workforce, and the**  
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# **HHS' Efforts to Provide Science-based Pandemic Influenza Guidance for the U.S. Workforce**

*Statement of*

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Good morning Chairman Akaka, Ranking Member Voinovich, and Members of the Subcommittee. I am RADM. W. Craig Vanderwagen, the Assistant Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services (HHS). Thank you for this opportunity to discuss the vital role of science-based guidance for the protection of workers, including the Federal work force, during an influenza pandemic.

As the United States Governmental lead for public health and medical response, HHS is committed to providing current, science-based guidance based on the best available evidence including checklists, to assist businesses, industries, and other employers in planning for a pandemic as well as for other comparable catastrophes. During public health emergencies like the current pandemic H1N1 influenza virus outbreak, protecting workers, including federal workers, is a top priority. HHS, through the Centers for Disease Control and Prevention (CDC) and in coordination with the Department of Labor's Occupational Safety and Health Administration (OSHA), provides up-to-date guidance for workplace protection on the comprehensive Federal website, [www.pandemicflu.gov](http://www.pandemicflu.gov) as well as [www.cdc.gov](http://www.cdc.gov).

As early as 2005, HHS began issuing checklists, posted on our website, intended to aid preparation for a pandemic in a coordinated and consistent manner across all segments of society. As of 2009, checklists are available to guide planning for state and local governments, workplaces (including US businesses with overseas

operations and large business), individuals and families, schools, healthcare, and community organizations.

The HHS guidance for business continuity and workplace protection has been directed to the entire business and employer community, including government and non-government employers. As the private sector owns and operates over 85 percent of the critical infrastructure in the United States, they have an important role to play in preparing for, responding to, and recovering from a pandemic. The HHS checklist for large businesses helps guide their efforts to plan for an influenza pandemic. In this checklist, we identified important, specific activities large businesses can do to prepare-- things that will also apply to other emergencies. These include strategies for ensuring business continuity if there are high rates of absenteeism during a pandemic, steps to take to reduce the impact of a pandemic on employees and customers; policies to be implemented during a pandemic; allocation of resources to protect employees and customers during a pandemic; communicating and educating employees; and coordination with external organizations and the communities in which they operate.

In 2007, HHS released *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States*, which includes specific planning recommendations for aligning business practices with public health protection interventions. The document provides guidance for state, territorial, tribal, local communities, individuals and families, employers, schools,

and other organizations. The information focuses on several measures other than vaccination and drug treatment that might be useful to reduce harm during an influenza pandemic.

Pre-pandemic influenza guidance developed before the pandemic H1N1 influenza outbreak has been adapted, updated, revised, and retained, based on epidemiologic and laboratory knowledge gained during the spring 2009 response. As our understanding of the characteristics of this novel virus evolved, we tailored our guidance – and expect that we will continue to refine guidance as we monitor the H1N1 situation and virus in the United States and around the world.

We tailor our response to an outbreak based on the scientific information we have at hand through investigation. Earlier this spring, when the CDC laboratory confirmed illness and death in humans from a novel H1N1 influenza virus in Mexico and the United States, HHS/CDC sent teams of public health and medical investigators to work with health authorities in Mexico, California, and Texas, New York, and several other states to better understand the epidemiology of this novel virus, including aspects such as severity and transmissibility/infectiousness. Some of these investigations are ongoing. Information from these investigations is helping to inform CDC guidance on antiviral use, diagnostic testing, duration of exclusion from work or school for ill persons, and other community mitigation measures.

For example, our guidance on testing of clinical samples was altered based on information about the spectrum of illness, the initially limited availability of diagnostic testing that could specifically detect novel influenza A(H1N1), and the finding that most influenza-like illness was influenza A (H1N1) in some areas. These findings led to recommendations to limit testing to severely ill or higher risk patients, thus conserving testing reagents, reducing the burden on public health labs, and reducing opportunities for ill persons at low risk for complications to infect others while seeking medical care and testing. CDC released guidance related to dismissal of students from school (school closure) and later updated this guidance based on information about illness severity, disease transmission and secondary attack rates. On April 27, a CDC Travel Health Warning for Novel H1N1 Influenza in Mexico was issued recommending against non-essential travel to Mexico and on May 15 that recommendation was downgraded to a Travel Health Precaution for Mexico as it was recognized the virus was now also being transmitted in the United States, and that illness severity for most persons infected was similar to seasonal influenza.

HHS, working closely with our Federal partners and other stakeholders, has developed guidelines, including the previously-mentioned checklists, to assist employers in planning for an influenza pandemic; this information is easily located on the “Workforce Planning” tab of the [www.pandemicflu.gov](http://www.pandemicflu.gov) website.

As part of the HHS response to pandemic H1N1 influenza, HHS/CDC has contributed efforts directed to Federal workers.

- In line with the guidance document posted on the website, *General Business and Workplace Guidance for the Prevention of Novel Influenza A (H1N1) Flu in Workers*, one of our best measures for reducing the spread of an outbreak of a novel influenza virus is to encourage sick people to stay home while they are contagious. HHS employees and contractors have been notified to daily self-monitor for symptoms of influenza (fever and cough or sore throat). If symptomatic or have had recent contact with someone who has or likely to have H1N1, they are to notify their supervisor, stay home and seek medical guidance.
- Guidance targeting health care workers, laboratorians, public health workers, correctional/detention facilities workers, border workers and first responders, for whom job-related questions about exposure or infection may be an occupational concern includes: *Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A (H1N1) Virus Transmission*, *H1N1 Influenza Virus Biosafety Guidelines for Laboratory Workers*, *Interim Guidance on Antiviral Recommendations for Patients with Novel Influenza A (H1N1) Virus Infection and Their Close Contacts*, and *Interim Guidance for Correctional and Detention Facilities on Novel Influenza A (H1N1) Virus*
- HHS has provided consultation to Federal agencies that have employees who have close contact with persons ill with pandemic H1N1 influenza,

avian H5N1, and other influenza viruses with pandemic potential, as part of their occupations. In alignment with the Department of Labor's OSHA Pandemic Influenza Risk Pyramid, which arrays the risk of exposure to a potential pandemic virus by type of contact with ill persons, HHS has produced guidance for those working with patients in a healthcare setting who have, or may have, pandemic H1N1 influenza ([CDC Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#)) and for workers and the general public in other community settings ([CDC Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A \(H1N1\) Virus Transmission](#)).

- HHS has shared the practices it uses to protect its workforce with other Federal entities. For example, HHS has provided guidance to: the U.S. Navy on how to clean its ships to avoid spread of the pandemic H1N1 influenza virus; the U.S. Northern Command on how to protect its employees during this outbreak; the U.S. General Services Administration that the odds of transmission of the pandemic H1N1 influenza virus over significant distances through heating, ventilation, and air conditioning (HVAC) systems was extremely remote and that special cleaning of air ducts is not required.
- In collaboration with DHS, HHS has hosted a number of outreach efforts to employers, including large teleconferences, to provide key information that employers can use to protect their workforce and ensure business

continuity during the pandemic H1N1 influenza virus outbreak. Over 3,000 business representatives have participated in a series of five teleconferences held since April 30, 2009.

- We believe that the HHS and CDC influenza websites previously mentioned are an important resource to employers in order to maintain a safe workplace for a healthy workforce. During the pandemic H1N1 influenza outbreak, it is critical that employers encourage sick workers to stay home and away from the workplace. HHS has encouraged employers to re-examine their human resources policies to allow sick workers to stay home. Simple measures, such as covering coughs and sneezes and frequent hand washing remain effective means of reducing the spread of influenza in workplaces and in the community and have implications for safe workplaces and a healthy workforce beyond this new influenza virus.

It is in our mission that the Department of Health and Human Services is the United States government's principal agency for protecting the health of all Americans. We are dedicated to this mission and to the principle that the best policies for health and safety are based on the best available science.

At this time I conclude my brief remarks. I welcome your comments or questions.