Testimony
Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia
United States Senate

Preparing the National Capital Region for a Pandemic

Statement of
Kevin Yeskey, M.D.
Deputy Assistant Secretary
Director, Office of Preparedness and Emergency Operations
Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services

For Release on Delivery
Expected at 10:00am
Tuesday, October 2, 2007

Chairman Akaka, Ranking Member Voinovich, and distinguished Members of the Subcommittee, thank you for the opportunity to present the progress HHS has made in national preparedness for pandemic influenza, and specifically the preparedness of the National Capital Region. Over the past two years, with the $5.6 billion supplemental funding we received from Congress, we have worked closely with our International, Federal, state and local partners to advance our preparedness for pandemic influenza. The threat of a pandemic remains a real one, and I appreciate that in holding this hearing, you share our sense of urgency about our preparedness.

As you know, the President released the *National Strategy for Pandemic Influenza* in November 2005, followed by a detailed *Implementation Plan* from the Homeland Security Council (HSC) in May 2006. The HSC Implementation Plan assigned over 300 tasks across the Federal Government to improve our Nation's preparedness for pandemic influenza. HHS has made substantial progress in the nearly 200 action items assigned to our department, completing over 80% in one year. These gains are real and measurable, and they cover a broad range of preparedness, including enhancing our international laboratory networks, developing and releasing guidance on community-based measures to mitigate the effects of a pandemic, and expanding the Medical Reserve Corps program. We also released the HHS Pandemic Plan and HHS Implementation Plan, and those are available alongside additional information and planning resources at www.pandemicflu.gov.

All of these accomplishments are consistent with the mission of ASPR, which Congress created in December 2006 through the Pandemic and All-Hazards Preparedness Act. The ASPR mission is to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters, and the vision we see is "A Nation Prepared." Within HHS, ASPR coordinates the preparedness and response enterprise, which focuses on the continuum of preparedness from research and development of medical countermeasures to response delivery platforms that support state and local responders in reaching our citizens during an incident.

Our preparedness for pandemic influenza involves a shared responsibility among our entire Department, our partners in the International community, the Federal interagency, state, local, tribal and territorial governments, the private sector, and, ultimately, individuals and families. In addition, we believe our planning for an influenza pandemic is part of an all-hazards approach. The gains we make in increased preparedness and response capability for pandemic influenza will help us across the spectrum of public health emergencies and disasters.

Enhanced State and Local Preparedness

- By the end of this year, the Department will have awarded $600 million in emergency supplemental funding through the Centers for Disease Control and Prevention (CDC) and ASPR to 62 awardees: 50 states, five U.S. territories, three Freely Associated States of the Pacific, New York City, Los Angeles County, Chicago, and the District of Columbia to upgrade state and local capacity in regard to pandemic influenza preparedness. The funding has occurred in three general phases:
    - *Phase 1- $100 Million*
        - Senior HHS officials, led by Secretary Leavitt, conducted Pandemic Influenza Preparedness Summits in every state to facilitate community-wide planning and to promote shared responsibility for pandemic preparedness.
        - To assess gaps in pandemic preparedness and guide preparedness investments, CDC created an assessment tool for awardees to use in evaluating their own jurisdiction's current state of preparedness. The awardees were required to submit: 1) a gap analysis; 2) a proposed approach to filling the identified gaps; and 3) an associated budget for the critical tasks necessary to address those gaps. High priority areas being addressed include:

- Exercising pandemic incident command systems
- Linking animal and human surveillance systems
- Augmenting laboratory capacity
- Plans for vaccine and antiviral distribution, mortuary affairs, protective masks, and continuity of essential functions

o *Phase 2- $250 Million ($225 Million for four priority activities and $25 Million for competitive demonstration projects)*

- $225M of the Phase 2 funds were used for four priority activities: 1) work with jurisdictional colleagues in emergency management, community organizations and other agencies to develop a jurisdictional workplan to address gaps identified by the assessment process; 2) develop and exercise an antiviral drug distribution plan; 3) develop a pandemic exercise schedule to include – at a minimum -- medical surge, mass prophylaxis, non-pharmaceutical public health interventions, communications and the antiviral drug distribution exercises; and 4) submit the jurisdictional pandemic influenza operational plan to CDC.
- Three planning priorities were targeted — state/local exercises of key plans (mass vaccination using seasonal flu clinics, community containment, medical surge); developing antiviral distribution plans; and review of statewide pandemic influenza plans
    - 85% of the awardees used seasonal influenza vaccination clinics to exercise mass prophylaxis plans
        - Highlights - some state medical boards used Emergency Medical Technicians (EMTs) and paramedics to act as vaccinators to reduce the burden on public health staff; some states used drive-through clinics to increase throughput and enforce social distancing.

- 83% of the awardees participated in tabletop exercises of non-pharmaceutical interventions and plans to contain the spread of pandemic influenza
    - Emphasis on school closing decisions and discouragement of large public gatherings; the majority of awardees responded that gaps in their existing plans were identified and that further planning refinements are necessary to produce viable and executable plans. Funding in Phase 3 will help address these gaps.
- Over 50% of the awardees reported conducting exercises of antiviral distribution plans.
- The public health and medical components of this funding supplement have included two of the Target Capabilities identified as part of National Preparedness under Homeland Security Presidential Directive #8: Mass Prophylaxis and Medical Surge.
- 97% of the awardees have submitted pandemic influenza operational plans that involve interaction and partnership with law enforcement and emergency management (antiviral distribution), education, and business sectors (community mitigation and continuity of operations).

▪ $25M of the Phase 2 funds will be used to meet the intent of Congress to award the pandemic influenza emergency supplemental funds based on performance. The funds will be awarded competitively to awardees that successfully propose a plan to develop, implement and evaluate pandemic influenza interventions. Proposals will be solicited for public health interventions for which there are few data, unclear consequences, or inconclusive effectiveness.

o *Phase 3- $250 Million available.*

- CDC has awarded $175M of Phase 3 funding to support awardees' efforts to fill gaps identified in Phases1 and 2. The awardees will be required to utilize the tools developed under the auspices of the Homeland Security Exercise Evaluation Program to create planning, training, and exercise evaluation programs.

- $75 M will be awarded as supplements to the 62 entities that currently receive awards through the Hospital Preparedness Program (HPP) cooperative agreements. Applications are due in October 2007.

    - The HPP transferred from the HHS Health Resources and Services Administration (HRSA) to ASPR in March of this year as directed under the Pandemic and All Hazards Preparedness Act (PAHPA). The Program has continued to focus on enhancing surge capacity.

        - Priorities for Medical Surge that were evaluated as part of the state plan review:

            - States have the ability to report available beds which is a requirement in the 2006 Hospital Preparedness Program Cooperative Agreement
            - Effective use of civilian volunteers as part of the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and Medical Reserve Corps (MRC) programs
            - Planning for Alternate Care Sites
            - Development of Health Care Coalitions that promote effective sharing of resources in surge

situations – Will be funding 10 partnership demonstration projects for $18.1M in FY 2007.

- Plans for providing the highest possible standards of care in situations of scarce resources. ASPR partnered with the HHS Agency for Healthcare Research and Quality (AHRQ) in the development of a *Community Planning Guide on Mass Medical Care with Scarce Resources*. The guide includes a pandemic influenza case study.

- The $75M of the Phase 3 funding that has been allocated to the HPP program for upgrading state and local pandemic influenza preparedness capacities.

  - This funding will establish stockpiles of critical medical equipment and supplies, as well as be used to develop plans for maintenance, distribution and sharing of those resources. This funding may also be used to support the planning and development of alternate care sites (ACS) and medical surge exercises for pandemic influenza.

  - Examples of allowable activities include:

    - Stockpiles of ventilators, ancillary supplies and oxygen
    - Personal protective equipment (PPE) and infection control supplies
    - Alternate care sites – staffing, operational plans and exercises
    - Mass fatality plans and equipment and supplies
    - Medical surge exercises

Additional funding from the HHS Hospital Preparedness Program (HPP) and the CDC

Public Health Emergency Preparedness cooperative agreement (PHEP) has been made available to Maryland, Virginia, and the District of Columbia. The amounts for FY 2007 are as follows:

	DC	MD	VA
HPP	$1.73M	$ 7.61M	$ 10.18M
PHEP	$9.13	$ 12.82M	$ 17.11M

In July 2007, ASPR placed a Regional Emergency Coordinator within the Office of the National Capital Region Coordination to enhance the HHS contribution to this very important office. The goals of this staff position include: improved communications between HHS and ONCRC, enhanced planning support to the ONCRC with regards to public health and medical services, and improved coordination of health and medical issues between HHS and ONCRC. The REC includes in his portfolio of activities: linking HHS preparedness grants to other federal agency grant programs; assisting with a medical infrastructure risk assessment; and serving as the federal health and medical representative to the Health Officials Committee on the Metropolitan Washington Council of Governments.

Countermeasure Procurement and Advanced Development

I will not devote much time to describe in detail the HHS countermeasure successes, however there has been tremendous progress in achieving the 5 goals listed below from the HSC Implementation Plan.

Vaccine Goal #1	To establish and maintain a dynamic pre-pandemic influenza vaccine stockpile available for 20 million persons: H5N1 stockpiles (40 million doses)
Vaccine Goal #2	To provide pandemic vaccine to all U.S. citizens within 6 months of a pandemic declaration: pandemic vaccine (600 M doses)
Antivirals Goal #1	To provide influenza antiviral drug stockpiles for treatment of pandemic illness for 25% of U.S. population who we estimate will

	become clinically ill during a pandemic (75 million treatment courses[1])
Antivirals Goal #2	To provide influenza antiviral drug stockpiled for strategic limited containment at the onset of a pandemic (6 million treatment courses)
Diagnostics Goal #1	To develop new high throughput laboratory and Point of Care influenza diagnostics for pandemic virus detection

Federal Preparedness Planning

- For the past six months, ASPR has been a lead partner in the development of a U.S. Government-wide Pandemic Influenza Strategic Plan, which describes what steps Federal Departments will take to respond to the emergence of a novel influenza virus abroad and here in the homeland. This strategic planning process further codifies the HHS public health and medical responsibility to mitigate illness and reduce deaths during a pandemic through the provision of medical countermeasures and materiel, community mitigation guidance, necessary laboratory and surveillance tools, and some of the nation's finest public health and medical emergency response personnel.
- The Department's operational plan for pandemic influenza response details how HHS will fulfill its important responsibilities and how ASPR will coordinate the deployment and utilization of HHS assets and expertise. This plan, or playbook as we call it, will be further refined in the coming months to ensure a seamless integration with the U.S. Government-wide Plan. Further, HHS Operating Divisions including the CDC are developing their own detailed operational plans that are aligned with the Department's plan to enable a cohesive Departmental preparedness approach. A goal for next year is to work with states to develop regional playbooks that will continue to promote integrated planning across tiers of government.

[1] This figure assumes a severe, 1918-like pandemic.

HHS held a number of exercises to test the operational plans I have described. ASPR hosted Department-wide exercises with senior leadership to test how we will leverage the full scope of HHS resources and capabilities in response to pandemic influenza. ASPR has pre-identified six Senior Federal Officials to work in coordination with the DHS pre-designated Pandemic Influenza Principal Federal Officials, and our Senior Federal Officials are engaged in State-sponsored exercises taking place in their regions. The HHS Senior Federal Officials support the DHS Principal Federal Officials in their overall leadership role for the Federal response.

In summary, HHS pandemic influenza preparations continue to move forward. The responsibility for pandemic preparedness is shared at the local, State and federal levels and includes private as well as public partners. HHS has provided funding and guidance to our State partners and we have actively engaged in workshops and exercises with our State and local partners to advance pandemic preparations. In the NCR we have enhanced our partnership with the ONCRC by providing a full-time emergency coordinator to assist with public health and medical preparedness.

Thank you for the opportunity to present the progress HHS has made in national preparedness for pandemic influenza. With your leadership and support, we have made substantial progress. The threat remains real, and we have much left to do to ensure that we meet our mission of a Nation prepared for a potential influenza pandemic.

This concludes my testimony. I will be happy to answer any questions.