

## Working Group on Pandemic Influenza Preparedness

March 22, 2010

The Honorable Tom Harkin  
Chairman  
Subcommittee on Labor, Health &  
Human Services, Education &  
Related Agencies Appropriations  
Room 131 HSOB  
United States Senate  
Washington, DC 20510

The Honorable David Obey  
Chairman  
Subcommittee on Labor, Health &  
Human Services, Education &  
Related Agencies Appropriations  
Room 2358B RHOB  
U. S. House of Representatives  
Washington, DC 20515

The Honorable Thad Cochran  
Ranking Member  
Subcommittee on Labor, Health &  
Human Services, Education &  
Related Agencies Appropriations  
Room 156 DSOB  
United States Senate  
Washington, DC 20510

The Honorable Todd Tiahrt  
Ranking Member  
Subcommittee on Labor, Health &  
Human Services, Education &  
Related Agencies Appropriations  
Room 1016 LHOB  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairmen Harkin and Obey and Ranking Members Cochran and Tiahrt:

On behalf of members of the Working Group on Pandemic Influenza Preparedness (Working Group), we urge you to support adequate funding for pandemic influenza preparedness and advanced research and development in the FY 2011 appropriations measures.

The 2009 H1N1 novel influenza A pandemic demonstrated that the investments made thus far in pandemic planning and preparedness have paid off. Experts agree that without the funding provided by Congress since FY 2006, America would have been woefully unprepared for this virus. That money helped build domestic vaccine capacity, train the public health workforce in pandemic response, purchase antivirals and prepandemic vaccine, expand surveillance, diagnostics, and rapid response capabilities, and vaccinate about 80 million people against the H1N1 pandemic influenza virus. However, the outbreak also demonstrated ongoing gaps in the nation's ability to respond to a novel influenza outbreak. Policymakers must maintain the investment, as the next pandemic virus may be much more virulent.

The Working Group recommends the FY 2011 appropriations legislation includes the following funding levels:

- **Provide \$156 million for the Centers for Disease Control (CDC), \$45 million for the Food and Drug Administration (FDA), \$35 million for the National Institutes of Health (NIH), and \$66 million for the Office of the Secretary, as proposed in the President's budget.** This funding would be used to expand international and domestic surveillance and detection capabilities, including the identification of vaccine virus strains;

identify emerging viruses with pandemic potential; accelerate research and development of rapid diagnostic tests; improve pandemic preparedness and response, as well as our ability to contain a potential pandemic; and support international efforts to strengthen vaccine manufacturing infrastructure, expand surveillance systems, and improve pandemic influenza preparedness and response capabilities. It is vital that Congress continues to support annualized funding for HHS' pandemic efforts. For example, pandemic funding for CDC supported laboratory capacity that led to the detection of the first case of H1N1 in the U.S., and CDC used its funds to coordinate international surveillance and response to H1N1. Continued funding will also allow agencies to appropriately address issues such as pandemic flu preparations for children, who were disproportionately impacted by the H1N1 outbreak.

- **Provide at least \$500 million for the Biomedical Advanced Research and Development Authority (BARDA) as a starting point to build toward higher levels of funding that must ultimately be allocated and sustained.** The funding will support advanced development and procurement of medical countermeasures for chemical, biological, radiological, and nuclear agents, as well as for pandemic influenza and other emerging infectious diseases. These threats to the nation are real. BARDA's budget must be substantial to allow for flexible decision-making and risk-taking and its portfolio diverse to encompass a range of conventional "one bug, one drug" approaches to more novel, high-risk projects.

The intentions of Congress and the Administration in creating BARDA are far from being realized. According to an analysis by the Center for Biosecurity, BARDA's current level of funding has allowed The Assistant Secretary for Preparedness and Response (ASPR) to establish the infrastructure necessary to support advanced research and development of medical countermeasures. However, funding has been insufficient to support the successful development of a whole range of medical countermeasures. To achieve the goals identified in HHS' Public Health Emergency Medical Countermeasures Enterprise Implementation Plan, BARDA would need \$3.39 billion to have a 90 percent chance of developing successful medical countermeasures for each biodefense requirement set forth in the plan. This investment would need to be sustained.

- **Increase funding for state and local preparedness and response.** The Working Group also urges appropriators to explore means to incorporate pandemic preparedness funds for state and local health departments into annual funding streams, such as the CDC Public Health Emergency Preparedness and ASPR Hospital Preparedness Program cooperative agreements (funded at \$761.1 million and \$426 million, respectively, in FY2010). There is currently no additional annually recurring funding to support state and local pandemic preparedness efforts. Instead, Congress has funded these actions through sporadic and unpredictable funding, through vehicles such as the FY 2009 emergency supplemental appropriation. We can no longer afford to fund health departments simply in reaction to outbreaks or other public health emergencies. Pandemic and all-hazards preparedness requires sustainable laboratory capacity, modernized disease surveillance systems, a well-trained workforce, effective medical countermeasures delivery and administration, surge capacity, and continuous exercising and improvement of response

plans. As an example of actual need, about \$391 million was expended by state and local health departments during the latest H1N1 outbreak under Phases 1 and 2 of the Public Health Emergency Response (PHER) grants, which were intended to support and enhance state and local public health planning and infrastructure critical to H1N1 preparedness and response, and were used to upgrade necessary capabilities such as laboratory capacity, epidemiology, disease surveillance and planning for mass vaccination in many different locations in communities. These expenditures do not include PHER funds expended to implement the national H1N1 mass vaccination campaign. Similarly, the Hospital Preparedness Program provided \$90 million during the outbreak for activities such as vaccinating healthcare workers, developing and implementing protective workplace policies, and providing care in alternate sites.

We thank you for your ongoing commitment to preparing for a potentially devastating infectious disease outbreak. Even in this restrictive fiscal climate, we remind you that pandemic preparedness can not be funded only after an outbreak occurs. Public health infrastructure, biosurveillance, laboratory capacity, research and development of countermeasures, and a prepared workforce can not simply be set up overnight. These assets require a sustained investment over time. The Working Group looks forward to continuing to work with you on building a prepared, healthy nation.

Sincerely,

American Academy of Pediatrics  
American Osteopathic Association  
American Public Health Association  
Association for Professionals in Infection Control and Epidemiology, Inc.  
Association of Public Health Laboratories  
Association of State and Territorial Directors of Nursing  
Association of State and Territorial Health Officials  
Breathe Technologies, Inc.  
Center for Biosecurity, University of Pittsburgh Medical Center  
CIDRAP  
National Association of County and City Health Officials  
Partnership for Prevention  
Trust for America's Health  
VaxInnate  
WMD Center