

Working Group on Pandemic Influenza Preparedness

July 1, 2010

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human
Services
200 Independence Ave, SW
Washington, DC 20201

Peter Orszag, Director
Office of Management and Budget
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear Secretary Sebelius and Director Orszag:

On behalf of the undersigned members of the Working Group on Pandemic Influenza Preparedness, we are writing to express our concern that Congress may identify offsets for spending within the FY2010 Supplemental Appropriations Act from unspent pandemic influenza dollars. We strongly urge the Administration to ensure the integrity of these funds and obligate these dollars as they were intended, to prepare America for a biological disaster.

We appreciate the appropriators' point of view that the levels of unobligated funds are troubling. However, it is important to note that pandemic preparedness and response cannot be stood up overnight, nor should it be viewed as a short-term event. The threat remains warranting vigilance on the part of the Nation's public health system to maintain robust disease surveillance, epidemiologic investigation, education and outreach, and communications programs and services. If a new pandemic were to emerge, Congress could not simply allocate emergency appropriations and expect America to be instantaneously prepared. Ongoing, advanced funding has been responsible for building up the nation's domestic vaccine production capacity, influenza surveillance and laboratory testing, and planning at the federal and state and local levels. These investments were critical to mitigating the impact of the H1N1 influenza A outbreak in this country. H1N1 also illustrated gaps in the nation's preparedness for a more severe disease emergency. Public health departments, in the face of staff lay-offs, mounted a successful response only with the aid of the H1N1 supplemental funding. Vaccine production was delayed, and the healthcare system strained to respond to a relatively mild disease.

The threat of a severe flu pandemic has also not diminished. It could take the form of H1N1 or a mutation thereof, H5N1, which continues to circulate in parts of Asia, or a currently unknown virus. The Department of Health and Human Services has stated that the H1N1 virus is still circulating, and it is unknown if the virus will resurface in a more severe form in the 2010-2011 flu season. For example, expired antivirals, which were usable under an Emergency Use Authorization during H1N1, must now be replaced, along with the antivirals that were distributed, personal protective equipment, syringes, and other supplies. Vaccine production must continue to be modernized, pandemic plans

must be updated and enhanced influenza surveillance maintained, and there needs to be continued research into rapid diagnostics and medical countermeasures.

We urge the Administration to obligate these funds as appropriate, to update federal, state, and local pandemic plans, and to advise Congress of the need for future appropriations.

Thank you for your attention to this issue.

Sincerely,

American Hospital Association
American Osteopathic Association
American Public Health Association
Association for Professionals in Infection Control and Epidemiology (APIC)
Association of Public Health Laboratories
Biotechnology Industry Organization
Center for Biosecurity – UPMC
Council of State and Territorial Epidemiologists
Infectious Diseases Society of America
International Safety Equipment Association
National Association of County and City Health Officials
Planet Biotechnology Inc.
Trust for America's Health
Vaxinnate

cc: The Honorable Nicole Lurie, Assistant Secretary for Preparedness and Response