

Working Group on Pandemic Influenza Preparedness

July 1, 2010

The Honorable David Obey
Chairman
House Appropriations Committee
U.S. Capitol
Washington, DC 20515

The Honorable Jerry Lewis
Ranking Member
House Appropriations Committee
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Obey and Ranking Member Lewis:

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

While we appreciate the appropriators' point of view that the levels of unobligated funds are troubling, 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. Therefore, we urge you to maintain contingency funding for what could occur in the coming years. 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 applaud the Committee for its foresight in beginning to invest in pandemic preparedness in 2006. We will continue to urge the Administration to obligate these funds as appropriate, to update federal, state, and local pandemic plans, and to advise the Committee 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