

Working Group on Pandemic Influenza Preparedness

April 8, 2009

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 Arlen Specter
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 Specter and Tiahrt:

On behalf of the Working Group on Pandemic Flu Preparedness, we urge you to support adequate funding for pandemic influenza preparedness and advanced research and development in the FY2010 appropriations measures.

The H5N1 influenza virus has infected millions of birds and resulted in over 250 deaths in humans, with a human case fatality rate of over 60 percent. It is estimated that a moderate to severe pandemic could cause between 900,000 and almost 10 million hospitalizations, and an estimated 200,000 to two million deaths in the U.S. A Government Accountability Office (GAO) report, while detailing some of the successful pandemic-related efforts by the Department of Health and Human Services (HHS), points out that “while these approaches have been significant, considerable more work needs to be done.” Former HHS Secretary Leavitt also underscored the need for continued preparedness in his final Pandemic Planning Update, noting that “This is a never-ending task. The media buzz has died down, but the ‘bird flu’ virus has not.”

The Working Group recommends including the \$870 million in no-year funding that was requested, but not yet funded, by the previous Administration for FY 2008 for expanding cell and egg-based vaccine capacity, purchasing antivirals, and accelerating research and development of rapid diagnostic tests that can be used to enable doctors and field epidemiologists to quickly test patients for influenza viruses. As of January, the Federal

government has invested \$1 billion to expand U.S.-based vaccine production, with six companies in various stages of expansion.¹ Completing this commitment will ensure these companies complete their expansion and stabilize the market for countermeasures. The investment will make certain the U.S. has access to a domestic supply of medical countermeasures, rather than depending on foreign manufacturers for our protection during a pandemic.

We also recognize the need for ongoing annual funding for pandemic preparedness at HHS. Such funds are utilized for developing better tests to detect the influenza virus, expanding surveillance, diagnostics and rapid response, supporting research into the development of new vaccine, therapeutics and diagnostics and expanding risk communications and international surveillance. Such activities are currently funded by an annual investment of approximately \$270 million for the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and Office of the Secretary (in addition to \$42 million in funding at the Food and Drug Administration (FDA), outside the purview of this subcommittee).

Also, the development and implementation of effective contingency plans, strategies, and capabilities are required in addition to vaccines to protect the public's health in the community and in workplaces. State, local, territorial and tribal public health agencies play an essential role in this regard and represent the main delivery platform for population-based distribution and administration of medical countermeasures as well as initiating disease control and containment procedures and coordinating medical services. While \$600 million was appropriated in FY 2006 for state and local pandemic preparedness, all of those funds have been expended, and no additional funds have been forthcoming.² With respect to 55 state and local projects funded with the final \$24 million of this appropriation, Richard Besser, MD, formerly Director of CDC's Coordinating Office for Terrorism Preparedness and Emergency Response (now acting director of the CDC), said "What is learned from these projects can benefit everyone because it could improve national, regional and local public health detection and response to a pandemic involving influenza."³ In order to sustain the nation's improved pandemic influenza preparedness and realize the benefit from these projects, we request \$350 million for states and localities to continue updating and exercising pandemic response plans and building medical surge capacity.

In addition, the Biomedical Advance Research and Development Authority (BARDA) also holds great potential to encourage and facilitate R&D of new biomedical countermeasures, diagnostics, and related technologies; however, the intentions of the Congress and the Administration in creating BARDA are far from being realized. The small amount of funding provided to BARDA to date only has allowed HHS to establish an infrastructure to support a yet-to-be-seen robust advanced R&D portfolio for many innovative biomedical products. To achieve the goals identified in HHS' Public Health Emergency Medical Countermeasures Enterprise Implementation Plan, BARDA would need \$3.39 billion in FY 2009 to have a 90 percent chance of developing successful medical countermeasures for each biodefense requirement set forth in the plan. We urge Congress to increase BARDA's FY 2010 appropriation to at least \$500

¹ *Pandemic Planning Update VI*, U.S. Department of Health and Human Services, January 8, 2009. Available from: <http://pandemicflu.gov/plan/pdf/panflureport6.pdf>.

² *Blueprint for a Healthier America*, Trust for America's Health, October 2008, p. 64.

³ <http://www.cdc.gov/media/pressrel/2008/r080924.htm>

million to continue to build to optimal capacity. These funds are requested with two years of fiscal availability.

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.

Our work in preparing for a flu pandemic or other emerging infectious disease is far from over. The new Congress and Administration must update plans, invest in research and development, bolster the nation's public health infrastructure, replace expiring stockpiles, and review the impact of federal strategies as the science and policies evolve. The Working Group on Pandemic Preparedness appreciates your continued leadership and looks forward to continuing to work with you to better protect our nation from this potentially deadly virus.

Sincerely,

3-V Biosciences, Inc.
American Academy of Pediatrics
American College of Occupational and Environmental Medicine
American Osteopathic Association
American Public Health Association
American Red Cross
Association of American Medical Colleges
Association for Professionals in Infection Control & Epidemiology
Association of State & Territorial Health Officials
Asthma and Allergy Foundation of America
BioCryst
Breathe Technologies, Inc.
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Council of State and Territorial Epidemiologists
GlaxoSmithKline
HX Diagnostics, Inc.
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National Association of County & City Health Officials
Novartis Vaccines and Diagnostics, Inc.
Novavax, Inc.
Planet Biotechnology, Inc.
RetireSafe
Scian Institute
Trust for America's Health

Please direct all inquires or comments to Jeff Levi (jlevi@tfah.org), Kim Elliott (kelliott@tfah.org), or Rich Hamburg (rhamburg@tfah.org). All can be reached by phone at 202-233-9870. Trust for America's Health is committed to sharing information with all members of the Working Group on Pandemic Preparedness or directing specific inquiries to participating organizations.