



Evaluation of HHS Pandemic Planning Update March 2006

Content of the 2006 HHS Pandemic Planning Update in Relation to Crucial Areas of Preparedness Identified by TFAH

Issues	Questions and Concerns
1. LEADERSHIP	<p>Who is in charge? Are questions of leadership resolved? Is there a single high-level official responsible for coordinating the government's response to pandemic influenza? Does the plan address leadership both during the planning stages and potential outbreak stages?</p> <p>March Update: The HHS Update does not address this component in detail. Questions of leadership and jurisdiction are more relevant to the National Strategy document for pandemic preparations as well as the overall National Response Plan for major emergencies. Also, the expected government-wide pandemic flu plan should address the leadership issue.</p>
2. DISEASE SURVEILLANCE	<p>Will measures be taken to improve efforts to track the disease globally and its possible spread to the U.S.? Will the U.S. increase support for the World Health Organization's global surveillance efforts? Will the U.S. increase its ability to achieve closer to real-time identification of a pandemic outbreak in the U.S.?</p> <p>March Update: Appropriate and detailed surveillance measures are outlined in the HHS Update, including the Department's collaborative efforts with international organizations and ongoing efforts to improve laboratory testing capabilities.</p>
3. VACCINE PRODUCTION CAPACITY AND SUPPLIES	<p>What specific steps will be taken to build production capacity and ensure enough vaccine for the entire American population? Is the U.S. increasing the amount of pandemic influenza vaccine in the Strategic National Stockpile? Is the U.S. committing to increased research for vaccines, through measures including "candidate" vaccines, dose-sparing approaches to vaccine administration, faster production technologies, and a permanent flu vaccine? Is the U.S. committing to contracts or policies that guarantee</p>

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	<p>increased investment in production capacity by the vaccine industry to permit the 600 million doses of a pandemic vaccine that would be needed to protect the U.S. population? Are liability and compensation issues addressed?</p> <p>March Update: The Update details that progress has been made to improve both vaccine production technology and vaccine production capacity. Additionally, HHS is stockpiling pre-pandemic vaccine based on the current H5N1 strain that will act as a “reference virus” in case of a pandemic emergence.</p>
<p>4. ANTIVIRAL SUPPLIES</p>	<p>Is the U.S. planning to purchase enough antiviral medication for 25 percent of the population, the number the World Health Organization says countries should assume will become sick during a pandemic? Also, is increased research proposed to test other antiviral medications for activity against avian influenza?</p> <p>March Update: The Update highlights the HHS purchase of nearly 20 million courses of Tamiflu and Relenza, although stockpiles on-hand are significantly smaller. HHS is aiming for 81 million courses on-hand by the end of 2008, which is far later than other countries are achieving a similar goal. In addition, as the Update mentions, ongoing questions about distribution capabilities remain. More worrisome, is the Administration’s proposal to ask the states to purchase 31 million of the planned 81 million antiviral courses with only a 25 percent subsidy. Many cash-strapped states are not likely to follow through. TFAH maintains that where you live should not dictate the level of protections Americans receive during a pandemic, which will be a national health crisis.</p>
<p>5. MEDICAL SUPPLIES AND EQUIPMENT</p>	<p>Is the U.S. stockpiling enough other emergency medical equipment and supplies? Is the U.S. building the Strategic National Stockpile to address all potential demand or shortages during a pandemic, such as antibiotics, ventilators, masks, and gloves, and ongoing medical treatment needs for chronic care patients?</p> <p>March Update: Though the HHS Update discusses “planned purchases” of important medical supplies such as ventilators, surgical masks, and appropriate gloves and gowns, the existing supply remains woefully inadequate. The Update document does not go into detail about the production, procurement, and distribution procedures associated with boosting supplies. There is also insufficient attention paid to the stockpiling and accessibility of routine medical treatment needs for chronic care patients, a problem seen in the post-Katrina environment that added to the public health burden of that tragedy.</p>
<p>6. SURGE CAPACITY AND</p>	<p>What steps will be taken to support health care surge capacity that would be required</p>

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<p>WORKING WITH STATES AND LOCALITIES</p>	<p>in a mass emergency and what support will be given to state and local officials to build and exercise their response plans? Does the plan identify steps states, localities, private health care institutions, and the federal health systems (VA, Department of Defense, community health centers, and the Indian Health Service) must take to increase surge capacity? Is there a commitment to provide resources to state and local health departments to increase preparedness? Is there a commitment to set minimum standards for state and local pandemic plans and require regular exercising of those plans?</p> <p>March Update: The HHS Update does not address surge capacity concerns in significant detail, but does discuss the importance of a well-integrated state and local response. In providing \$350 million in support to the states for planning, HHS is establishing benchmarks for progress, an important accountability tool for federal funding. HHS has conducted Regional Pandemic Flu Summits in a number of states and will assist states in the development of tabletop exercises to practice and test state pandemic plans. Far more detailed guidance and assistance will be needed in this area.</p>
<p>7. QUARANTINES AND OTHER PUBLIC HEALTH MEASURES</p>	<p>Are quarantines, recommendations for use of masks, and other public health measures addressed in detail? Does the plan address the potential effectiveness of measures such as quarantine, restrictions of public gatherings, and use of masks? Does the plan address who has the authority to impose public health measures to assure effective implementation across the country?</p> <p>March Update: Not addressed by HHS Update document in any detail. Despite concerns over jurisdiction and authority, HHS and the federal government should provide uniform guidance to assure that public health measures are implemented with some consistency across jurisdictions.</p>
<p>8. COMMUNICATIONS</p>	<p>Are specific, consistent messages for informing the public, businesses, and the media in place? Is there a plan for educating the public in advance of a pandemic? Are materials prepared for communicating with various sectors, including the public, businesses, media, and medical communities for each stage of a pandemic? Is support provided to state and local health departments to assure consistent messaging?</p> <p>March Update: The Update addresses the importance of communications and outreach to an effective response. The document also outlines progress made towards this goal, including the development of target audience planning checklists, working with the media, and harnessing new technologies on behalf of public outreach.</p>

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<p>9. WORKING WITH BUSINESSES AND OTHER SECTORS</p>	<p>Are all potentially impacted sectors, such as businesses and travel, addressed in the plan to ensure that the economy and communities could function during an outbreak? Are all relevant government agencies engaged at the federal, state, and local levels in contingency planning for their own ability to keep functioning through a pandemic, such as considering the potential impact on travel and transportation, the economy, business operations and stores, and schools? Is the U.S. providing guidance to the business community regarding continuity planning in case of severe absenteeism in the workforce or closure restrictions? Has guidance been provided to the medical community on continuing ongoing care needs during a mass-emergency?</p> <p>March Update: The communications section of the Update details some of the work the Department has undertaken to work with the business community, including planning checklists and toolkits targeted at the general business community and specific sectors, such as health care providers. Technical assistance will be needed for businesses, community-based organizations and other planning to continue critical operations during a pandemic. All government-funded organizations should be required to have pandemic-related contingency plans in place.</p>
<p>10. FUNDING AND RESOURCES</p>	<p>Most importantly, does the plan include a request for enough resources to implement it? Are specific levels of funding identified for the various elements of the plan? For instance, state and local health departments cannot exercise their plans or create surge capacity without additional funding; and vaccine and antiviral manufacturers will not increase production without firm financial commitments from the federal government. TFAH estimates funding a comprehensive plan for pandemic preparedness could be between \$5-8 billion or higher, depending on levels of commitment to stockpile pharmaceuticals and support surge capacity functions.</p> <p>March Update: In December 2005, Congress appropriated \$3.8 billion of President Bush's \$7.1 billion funding request. Of the \$3.8 billion appropriated, HHS received \$3.3 billion divided into five categories: disease monitoring, vaccine capacity, stockpiling antivirals, coordinating federal, state, and local preparedness, and strengthening communications and outreach capacity. Congress must provide the remaining funds to keep pandemic preparedness on track and provide funding for those areas not adequately addressed in the President's plan (such as federal payment for antiviral stockpiles, broader stockpiling needs, and surge capacity).</p>

