



COMMITTEE ON APPROPRIATIONS

DAVID R. OBEY (WI-07), CHAIRMAN

FACT SHEET

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PREPARING FOR PANDEMIC FLU

Normal seasonal influenza is a huge public health problem that results in over 30,000 deaths and 200,000 hospitalizations every year in the U.S.

A pandemic flu outbreak has the potential to dwarf that impact by overwhelming our health and medical capabilities, potentially resulting in hundreds of thousands of deaths, millions of hospitalizations, and hundreds of billions of dollars in economic impact.



INVESTING IN PREPAREDNESS TO PROTECT THE COUNTRY

Congress has appropriated funds to help prepare for a pandemic outbreak since 2004, supporting a national stockpile of antiviral drugs and medical supplies that will be in high demand during a pandemic outbreak and investing in improving our capacity to develop and produce vaccine to prevent infection. But, while considerable progress has been made over the last few years, much more needs to be done to prepare the nation.

Recognizing the threat a pandemic poses for the nation, the 2009 Supplemental Appropriations Conference Agreement includes \$7.7 billion to help the government respond to the current H1N1 outbreak and to allow for further pandemic flu preparedness and response capacity.

The bill includes:

- **\$7.3 billion, \$1.5 billion in immediate appropriations and \$5.8 billion in contingent appropriations, for the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC).** Those funds will allow them to continue:
 - Developing, purchasing, and administering vaccines, the best defense against the flu virus;
 - replenishing and expanding federal and state stockpiles of antivirals and other necessary medical supplies such as masks and ventilators; and
 - expanding domestic and global disease detection and surveillance efforts.

“We need to prepare for a pandemic influenza... a time bomb is ticking, and we have to be prepared to manage and deal with that.”

-- Former CDC Director Dr. Julie Gerberding, testimony to the Labor Health Education Appropriations Subcommittee, October 2004

- **\$350 million to assist state and local governments in preparing for and responding to a pandemic.** State and local public health departments will be on the frontlines of a flu pandemic, but they have been hit hard by the economic downturn, with an estimated 11,000 public health job losses over the past year due to State revenue shortfalls. This aid will allow State and local public health departments to:
 - hire and train staff, including clinicians, epidemiologists, and laboratory technicians;
 - purchase equipment to improve diagnostic capabilities and response efforts;
 - distribute antivirals and personal protective equipment from federal and state stockpiles;
 - improve public communication and maintain 24-hour disease reporting hotlines; and
 - address other preparedness challenges, such as hospital surge capacity.
- **\$50 million to support global efforts to track, contain, and slow the spread of a pandemic.** The funds will allow the U.S. Agency for International Development (USAID) to provide assistance to foreign countries to:
 - develop capacity to detect disease;
 - respond to outbreaks, including the provision of medications to treat infections;
 - inform the general public about the risk associated with the virus;
 - implement vaccination programs; and
 - expand hospital infection control programs.

ARE WE OVERREACTING?

The short answer is no.

Lessons learned from past influenza pandemics indicate that influenza strikes in waves. In 1918, a relatively mild flu pandemic emerged, only to return with a vengeance months later to kill millions.

Although the H1N1 virus appears to be less virulent than the flu strain that caused the 1918 flu pandemic, scientists are not sure if this virus will continue to cause mostly mild illness.

Flu viruses evolve rapidly. What we are seeing this week may change next week or in several months. Even this relatively mild version of H1N1 has sickened 27,737 people in 74 countries, including 141 deaths, in just two months, with almost half (13,217) of those cases and 27 deaths in the U.S.

Public health at all levels – federal, state, and local agencies and international organizations – must continue to respond to this current outbreak and the increasing number of U.S. and worldwide cases, but also prepare for the potential of increased severity or for a new novel strain to emerge.

Because one simple fact holds true; whether or not this year's novel strain of H1N1 turns out to have pandemic potential, sooner or later some strain will.