

# **Preparing for Pandemic Flu**

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## **Briefing to the Pacific Northwest Intergovernmental Audit Forum**

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Strategic Issues**

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# Overview

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- Nature of an influenza pandemic
- Federal government efforts
- GAO strategy
- Working together

# What is an Influenza Pandemic?

- A global disease outbreak.
- A pandemic occurs when a new flu virus emerges for which there is little or no immunity in the human population.
- In a pandemic, the virus causes serious illness and spreads easily person-to-person worldwide.



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## Some Distinguishing Characteristics of Pandemics

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- Not a singular event—likely to come in waves, each lasting months, and pass through communities of all sizes across the nation and the world.
  - Could threaten all critical infrastructure by removing essential personnel from the workplace for weeks or months.
  - Extends well beyond health and medical boundaries, to include sustaining critical infrastructure, private sector activities, the movement of goods and services across the nation and the globe, and economic and security considerations.
  - The uncertainties associated with viruses requires flexibility in response.
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# The Spread of the Avian Virus

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- The avian virus has spread among domestic and wild birds in about 50 countries in Asia, the mid-East, Africa, and Europe.
- Transmission of virus from birds to humans resulted in 244 people becoming infected in 10 countries and 143 deaths (as of September 8, 2006).

# Phases of a Pandemic

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## INTERPANDEMIC

Phase 1: No new virus subtypes detected in humans; low risk of infection or disease

Phase 2: A circulating animal virus subtype poses a substantial risk of human disease

## PANDEMIC ALERT

**\*\*Phase 3:** Human infections with a new subtype but no human-to-human spread

Phase 4: Limited human-to-human transmission; spread is highly localized

Phase 5: Larger clusters; virus becoming better adapted to humans

## PANDEMIC PERIOD

Phase 6: Increased and sustained transmission in general population

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# Characteristics of Seasonal Flu Vs. a Pandemic

## Seasonal Flu

- Seasonal outbreaks
- Immunity built up
- Elderly, very young hardest hit
- Health systems can usually meet needs
- Average 36,000 deaths per year in U.S.
- Modest impact on society and economy

## Pandemic Flu

- Occurs rarely
- No existing immunity
- Healthy people at risk
- Health systems likely to be overwhelmed
- Number of deaths could be high (200,000-1.9 million)
- Major impacts on society and economy

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# Planning Assumptions for a Moderate to Severe Pandemic in the U.S.

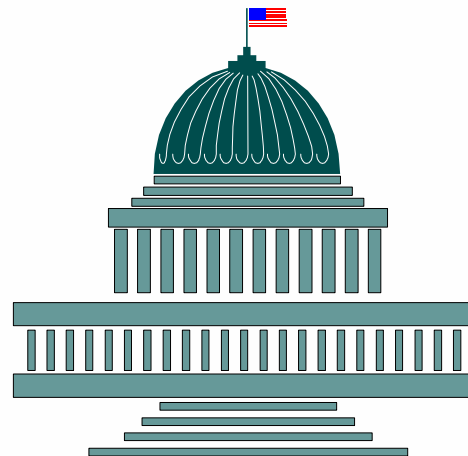
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- Illnesses: 90 million people
- Outpatient medical care sought: 45 million people (50%)
- Hospitalizations: 865,000 to 9.9 million people
- Intensive care required for: 128,750 to 1.5 million people
- Ventilators needed for: 64,875 to 745,500 patients
- Deaths: 209,000 to 1.9 million people
- Absenteeism rates: Up to 40% during peak weeks
- Length of outbreak: 6 to 8 weeks
- Multiple waves, each lasting 2 to 3 months

# National Strategy for Pandemic Influenza

The National Strategy is intended to guide preparedness and response to a flu pandemic with the intent of

- Stopping, slowing, or otherwise limiting the spread of a pandemic to the U.S.
- Limiting the domestic spread of a pandemic and mitigating disease, suffering, and death,
- Sustaining infrastructure and mitigating impact to the economy and the functioning of society.



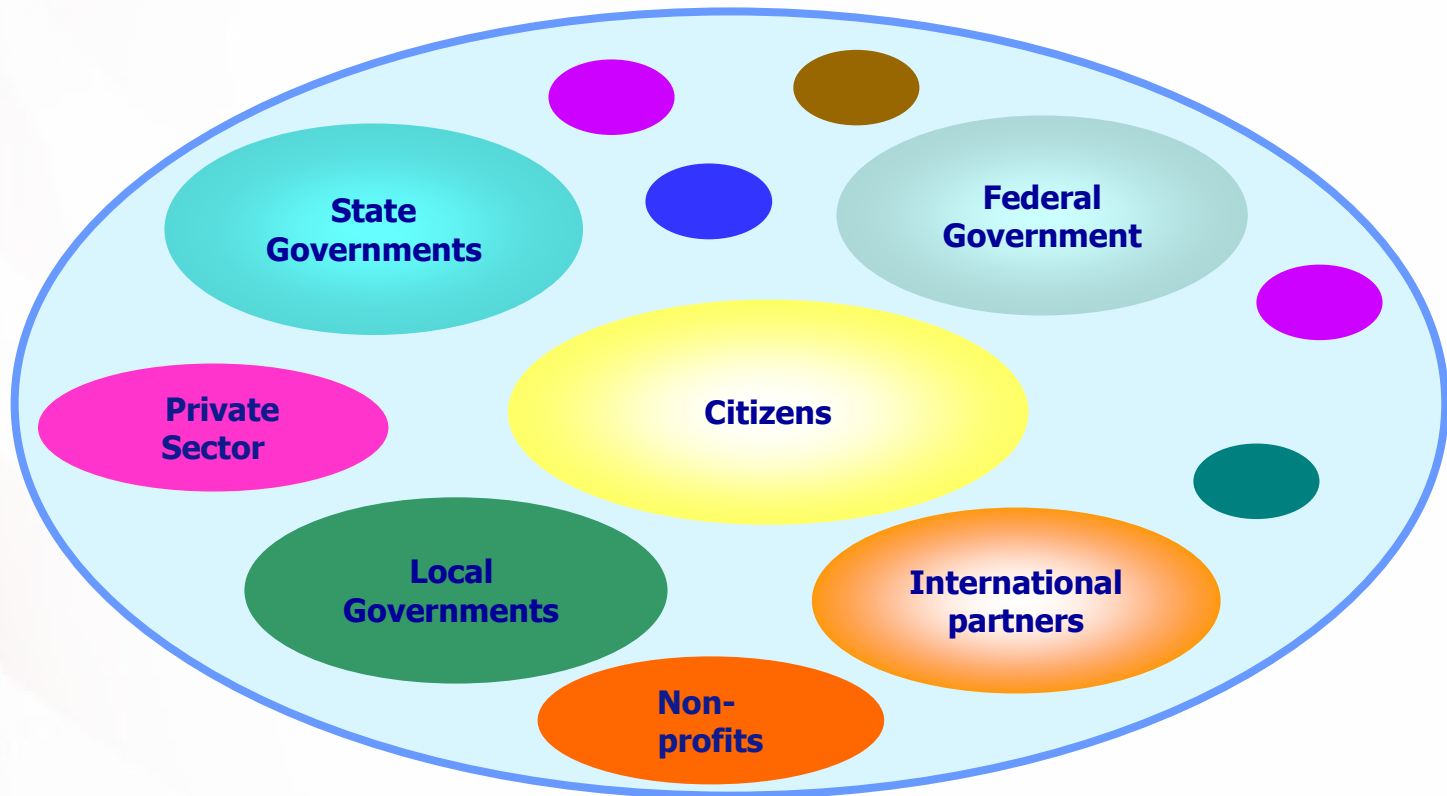
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# Implementation Plan for the National Strategy for Pandemic Influenza

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- The Implementation Plan, issued in May 2006, contains over 300 actions in areas such as transportation and borders, protecting human health, and law enforcement, public safety, and security.
- Many of these actions contain timeframes ranging from 3-36 months for completion.
- The plan includes actions expected from state, local, and tribal entities as well.
- In addition to the four lead agencies identified in the Strategy, the Plan outlines lead agency responsibilities for DOD and DOT.

# It Takes a Network



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# Funding for the National Strategy for Pandemic Influenza

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- Administration has proposed funding of \$7.1 billion over three years primarily for vaccine development and stockpiling, state and local public health preparedness, improved surveillance, international assistance and other purposes
- The 2006 Emergency Supplemental Appropriations Act funded \$3.8 billion of the \$7.1 billion request
- President's 2007 budget request includes an additional \$2.6 billion to continue implementing the pandemic strategy

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# Funding for State and Local Preparedness

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- In 2006, HHS awarded \$325 million to accelerate State and local pandemic influenza preparedness efforts
  - In February, initial grants included a minimum of \$500,000 per state, with additional funds allocated by population. Grants (totaling \$100 million) were for planning and exercising pandemic response plans and to identify gaps in preparedness.
  - In July, another \$225 million was awarded to begin addressing those identified gaps.

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# Funding for State and Local Preparedness

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The Fiscal Year 2006 funding included the following allocations:

	<u>Phase I</u>	<u>Phase II</u>
Alaska	\$ 657,647	\$ 934,023
Idaho	\$ 832,432	\$1,434,604
Oregon	\$1,366,765	\$2,881,187
Washington	\$1,990,994	\$4,612,085

Source: [www.pandemicflu.gov](http://www.pandemicflu.gov)

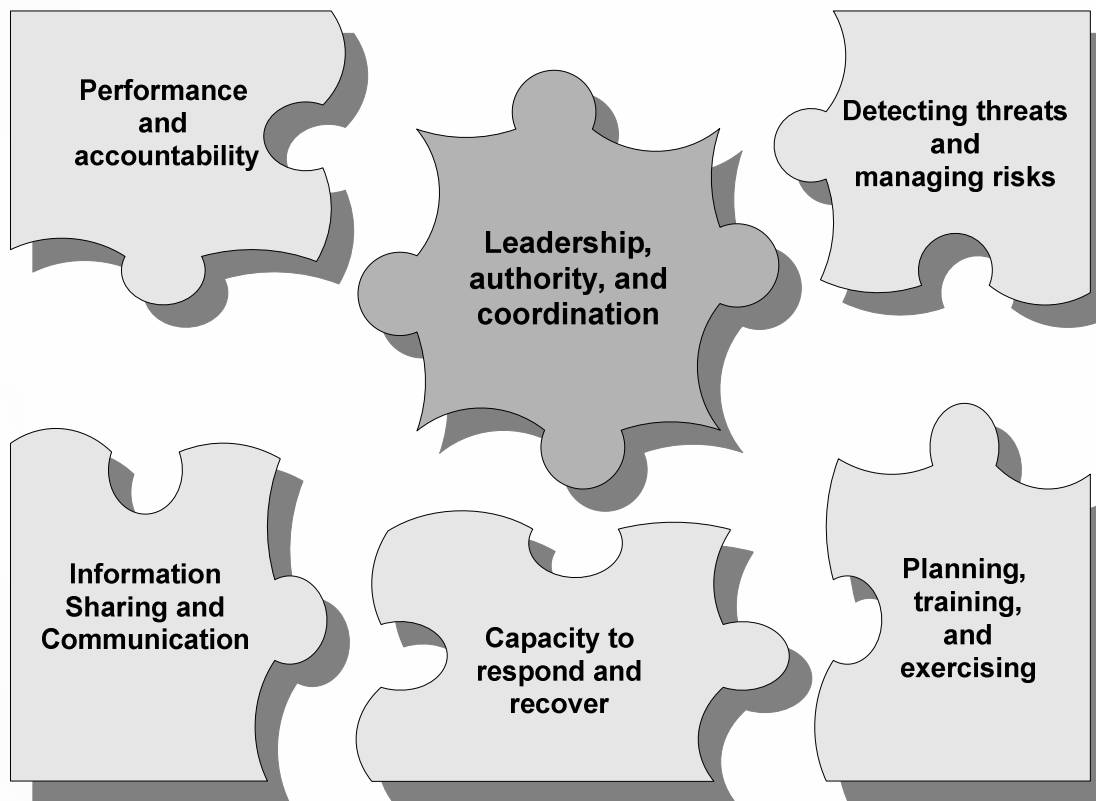
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# GAO's Strategy

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- Is an integrated, agency-wide effort intended to help the U.S. prepare for a pandemic in ways that are sustainable over the long-term
  - Builds on lessons learned from prior emergencies, such as Hurricanes Andrew and Katrina, Y2K, SARS, and 9/11
  - Reflects congressional interests
  - Includes a range of approaches (e.g., reports, testimonies, forums, expert panels, constructive engagements, partnerships)
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# GAO Strategy Themes



Source: GAO

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## Questions to Consider in COOP Planning

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1. What essential functions do you absolutely have to perform, regardless of the outside threats?
  2. What personnel do you need to perform essential functions, and what resources do they need?
  3. Does an inventory of skills and professional competencies exist to help identify people who could work in another office or program to help maintain essential services?
  4. What communications sources will employees be able to go to for trusted information?
  5. What are the policies for assessing employees' fitness to return to work after having influenza?
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# Observations

- COOP planning elements provide framework
  - Plans and procedures
  - Identification of essential elements
  - Delegation of authority
  - Orders of succession
  - Alternate operating procedures
  - Interoperable communications
  - Vital records and data bases
  - Human capital

# State and Local Pandemic Influenza Planning Checklist

- ✓ Community Leadership and Networking
- ✓ Surveillance
- ✓ Health System Partnerships
- ✓ Infection Control and Clinical Care
- ✓ Vaccine Distribution and Use
- ✓ Antiviral Drug Distribution and Use
- ✓ Community Disease Control and Prevention
- ✓ Communications
- ✓ Workforce Support

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# What roles can auditors play?

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- Looking ahead, what needs to be done to ensure that our plans and preparations leave us in good standing for a potential pandemic?
  - Help ensure sound planning and preparedness
  - Help ensure that investments and activities will stand us in good stead – whether a pandemic emerges or not
  - Strengthen our networks, contributing to our overall infrastructure for emergency preparations and response

# How can we work together?

- Sharing information about areas of interest to you, work you are doing, and your findings
- Collaborating on methodologies, common criteria, etc. as opportunities arise
- Partnering and doing joint work, such as
  - Assessing the progress of State's planning efforts and identifying gaps that need to be addressed on a nationwide basis,
  - Investigating liability issues or other problems that would require legislative changes, or
  - Highlighting important networks that have not been appropriately included in federal efforts