June 3, 2009

Chairman David Obey
Committee on Appropriations
U.S. House of Representatives
2358 Rayburn House Office Building
Washington, DC 20515

Ranking Member Todd Tiahrt
Subcommittee on Labor HHS Education
U.S. House of Representatives
1016 Longworth House Office Building
Washington, DC 20515

Ranking Member Jerry Lewis
Committee on Appropriations
U.S. House of Representatives
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Dear Chairman and Ranking Members,

On behalf of the state and local public health departments across the country, thank you for including $350 million for state and local response to H1N1 influenza in the FY 2009 supplemental appropriations bill In addition, we are pleased that the President recognized the need for a flexible contingency fund in his June 2, 2009 request letter that will allow our Nation to ramp up our preparedness efforts as needed during this fiscal year in preparation for a potential escalation of the virus in the fall winter. In previous pandemics, the virus has come in several waves, diminishing in virulence over the summer and coming back in a mutated, more severe strain in the fall. Because of the unpredictability of influenza viruses, it is essential that state and local health departments have the necessary resources to respond to an outbreak and keep the public safe. We strongly support the inclusion of a robust contingency fund. ASTHO and NACCHO have been collecting financial information from the field during the recent outbreak, and have projected some preliminary cost estimates of a full blown response over a 12 week period. Our organizations will continue to refine cost models and resource needs, but given the rapid pace of the supplemental appropriations bill, we are providing the below information as the current best estimates at this time. We expect that most of these costs would likely occur after October 1, 2009, during the normal flu season, and therefore would occur in FY 2010.

State and Local Pandemic Preparedness and Response

Based upon the recent experience in April and May 2009, local and state health departments cannot escalate their response in the autumn without more resources. The basis for the initial request of $350 million in supplemental funds for local and state pandemic influenza preparedness was to sustain their ability to modify, refine and improve plans based upon the experience of the initial wave of the novel H1N1 epidemic. Based upon our current national response, there is a clear need for state and local public health agencies to prepare for a larger-scale epidemic and/or Pandemic and provide much more operational clarity. The state and local

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health department response includes influenza surveillance, case detection, epidemiological investigation, laboratory testing, public health information campaigns, medical surge capacity, managing community-wide response efforts, and implementing broader scale measures to mitigate the spread of the virus. Of critical importance to the health and safety of our nation, a robust and sustainable plan must be developed to operationalize a national H1N1 vaccine campaign of up to 600,000,000 injections.

The current epidemic stressed our diminished public health workforce after only a few weeks. State and local health departments do not have the personnel and financial capital to continue this level of response over a three to six month period should H1N1 return as a more severe epidemic or pandemic. State Public Health Agencies alone spent over $80 million on the response to the novel H1N1 virus between April 21 and May 15, 2009[1]. **An extended and severe outbreak would cost public health agencies up to $3.0 billion for a twelve week response, without including the cost of vaccines, vaccine administration, antivirals or death management.**

State and Local Mass Vaccination Program

In the autumn, it appears that a vaccine will be available. Distributing and vaccinating on a rolling basis as it becomes available, monitoring for adverse effects of the vaccine, and keeping track of who has received the vaccine, are enormous tasks that will fall to local and state health departments. These labor-intensive jobs are just part of the response that will be required if the number of seriously ill people increases dramatically. Much of the labor provided in the Health Agency overseen vaccine clinics will be obtained from contracted nurses who will require additional pay to maintain weekend, evening and overtime hours of operation. **ASTHO and NACCHO calculate that the cost to state and local public health agencies for administering the novel H1N1 vaccine will be $15 per dose, excluding the cost of vaccine and medical supplies. Accordingly, the cost to vaccinate the entire U.S. population, assuming two doses per person, will be at least $9 billion.** This estimate does not include the cost of tracking the vaccines administered, maintaining reminder/recall systems to ensure second doses are administered, or following up with individuals who experience an adverse event.

State and local health departments have planned well. It is now time to transition from planning to implementation and operation of the critical state and local role in protecting our population through vaccination. State and Local Public Health Agencies do not have the workforce or systems in place to carry out the large-scale response that every person in the nation will expect and demand. In 2008, state and local health departments lost 11,000 jobs and cuts are projected to continue this year. Health departments are stretched to the limit working 24 hours a day, 7 days a week to monitor and respond to the current outbreak with a reduced workforce.

It is essential that the state and local public health workforce be reinforced to enable the enhanced influenza surveillance, case detection, epidemiological investigation, laboratory

[1] Source: ASTHO's H1N1 cost estimate survey, conducted May 14-20, 2009. 34 states and the District of Columbia responded to the survey. An average per capita expenditure was calculated and applied to the population of the U.S. to create the estimate.

testing, disease mitigation, medical surge capacity, and vaccine administration in the event that this novel virus returns with increased lethality in the fall of 2009, as occurred in 1918. This investment is needed to strengthen our public health infrastructure at a time when more and more people in the U.S. are relying on our health departments to provide critical, front line services that protect the public's health.

Funds are requested for those activities that can reasonably be expected to be accomplished in the fall/winter flu season of 2009.

Again, we applaud the Committee's foresight in taking this potential health threat seriously. We look forward to working with you and your staff as this legislation moves through Congress. Please contact either of us directly if our organizations can provide additional information.

Sincerely,

Paul E. Jarris, MD, MBA
Executive Director
ASTHO

Robert Pestronk, MPH
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Enclosures: