



United States Department of  
**Health & Human Services**  
Office of the Secretary  
Office of the Assistant Secretary for  
Preparedness and Response (ASPR)

# **Your federal government in action: Active policy development to protect you from pandemic influenza**

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## Overview

- Relevant mandates
- Underlying principles
- Active policy development
  - Resources
  - Guidance or instructions
  - Practice
- Conclusion

## Relevant mandates

- Homeland Security Presidential Directive 8: National Preparedness Goal
- FY06 Pandemic Influenza Emergency Supplemental Appropriations
  - PL 109-148 (December 2005) for \$350M & \$170M
  - PL 109-234 (June 2006) for \$250M
- *National Strategy for Pandemic Influenza: Implementation Plan* (May 2006)
- PL 109-417: Pandemic and All-Hazards Preparedness Act (December 19, 2006)

## Underlying principles

- Pandemic influenza preparedness is a shared responsibility
- Response is primarily local
- Pandemic influenza is a community threat - not only a health threat
- Community-based non-pharmacological interventions (i.e., community containment) will be indispensable
  - Antiviral drugs might be in short supply
  - Vaccine will not be immediately available
- Federal Government leads by example of coordination and cooperation
- Health officials are leaders

## Active policy development: resources

- Strategic National Stockpile purchases to support states
  - Goal to purchase 60% of the 75 million treatment courses needed to cover 25% of the U.S. population
- Antiviral drug contracts
  - States' share is remaining 40% (31M treatment courses)
  - Better than best price
  - \$170M covers 25% subsidy of state purchases
  - Unlimited unsubsidized treatment courses
- Model work scope for antiviral drug distribution
  - Coordination with private industry
  - Features: terminal loci; state and distributor functions for custody and distribution

## Active policy development: resources

- As of October 31, 2007,
  - 1 state\* purchased >100% of its subsidized treatment courses
  - 17 states purchased 100% of their subsidized treatment courses
  - 27 states purchased some but <100% of their subsidized treatment courses
  - 17 states have not purchased any subsidized treatment courses
  - 15 states have, collectively, purchased 837,146 unsubsidized treatment courses

Treatment Courses		
	Tamiflu®	Relenza®
Subsidized	13,197,352	1,780,314
Unsubsidized	749,753	87,393

\* "State": U.S. State or Territory, District of Columbia or Freely Associated State of the Pacific

## Active policy development: guidance

- “PandemicFlu.gov” managed by the U.S. Department of Health and Human Services
  - *HHS Pandemic Influenza Plan* (November 2005), Part 2. Public Health Guidance on Pandemic Influenza for State and Local Partners
  - *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States* (February 2007)
  - Planning checklists
  - Planning tools (e.g., facilitated look-backs, FluSurge)
- Continuous Quality Improvement Learning Collaborative on Pandemic Influenza

## Active policy development: guidance

- Public Health Emergency Preparedness Cooperative Agreement
  - Phase 1
    - ❖ Gap analysis and prioritization of corrective action
  - Phase 2
    - ❖ Community containment plan
    - ❖ Antiviral drug distribution plan
    - ❖ **Statewide operational plan**
    - ❖ Pandemic influenza exercise program
  - Phase 3
    - ❖ Correct weaknesses in statewide operational plan
    - ❖ Exercise best developed parts of statewide operational plan
- Hospital Preparedness Cooperative Agreement
  - Medical surge



## Active policy development: guidance

- Statewide pandemic influenza operational plan
  - HSC Action #6.1.1.2
  - Multi-department effort
  - Twenty-four priorities
  - Next steps comply with PAHPA
- Competitive Pandemic Influenza Project Proposals

## Active policy development: practice

- National Governors Association regional exercises
- Mass vaccination functional exercise
- Non-pharmaceutical public health intervention (school closure) tabletop exercise
- Medical surge exercise
- Antiviral drug distribution exercise

## Conclusion

- Active policy development
  - Enables
    - ❖ Policy-strategy-operations-tactics continuum
    - ❖ Solutions to work
  - Involves
    - ❖ Myriad partners
    - ❖ Imagination
  - Demands
    - ❖ Creativity of staff
    - ❖ Engagement of leadership
    - ❖ Dynamic processes
    - ❖ Action
  - Serves the people

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