



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Testimony

Of

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before the

New York City Council
Committee on Health

On

Avian Flu Preparedness

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250 Broadway
New York City

Good morning Chairman Rivera and members of the Health Committee. I am Dr. Isaac Weisfuse, Deputy Commissioner for Disease Control at the New York City Department of Health and Mental Hygiene. I last testified on the topic of Avian and Pandemic Flu before the Council on November 17, 2005, and I am here today to update you on our preparations for the possibility of a pandemic flu outbreak.

Let me begin by reminding you that there is a difference between a pandemic flu and annual seasonal flu. A pandemic is a global disease outbreak, that occurs when a new influenza virus emerges for which people have little or no immunity, and has the ability to be easily transmitted from person to person. In a flu pandemic, disease spreads quickly between humans and causes serious illness.

There has been a great deal of publicity about avian or bird flu, also known as the H5N1 virus, which has spread widely among poultry. Nonetheless, there have been relatively few humans infected, though the mortality rate for those infected is extraordinarily high: since 2003, there have been 359 human cases of avian influenza and 226 deaths. None of these cases were in the United States and almost all people infected had been in close contact with poultry. The World Health Organization (WHO) is monitoring the situation closely and there has been no evidence of any efficient and sustained human-to-human transmission of the virus.

We don't know if avian flu will lead to a pandemic and, as I mentioned, we can't predict whether or when a pandemic will occur. Against this backdrop of uncertainty, we are planning for this possible public health emergency. Some of the highlights of the Department's progress in pandemic preparedness include:

Surveillance: The City has a well tested system for year-round influenza surveillance. Information about the number of cases, who is dying from the flu and how it is being transmitted, will be critical to decision-makers during an emergency. We have enhanced our surveillance system to enable us to better detect should a pandemic arrive in New York. These enhancements include plans to monitor pandemic influenza-related hospitalizations and deaths, and in 2005 adding "novel influenza strain with pandemic potential" to the reportable disease list in our Health Code. In addition, the Department has improved our surveillance for identifying and responding to animal mortality events.

Laboratory Capability: Since I last testified on this topic, the Department has established influenza rapid testing capabilities in our public health laboratories. We bought new equipment and supplies, cross-trained personnel and worked with hospitals on protocols for sample submission. In the past the public health laboratory did not offer influenza testing and had to forward suspect samples to the New York State Wadsworth Laboratory.

Community Mitigation: We've developed materials to inform the public about how to care for sick loved ones at home and we are developing systems to coordinate subsistence support for those in need. We've reached out to businesses to raise awareness of the need for pandemic flu planning and to educate them

about absenteeism challenges they may face. We are also working with the Department of Education to ensure that critical school services continue if schools are closed due to a pandemic, and we are analyzing ways to keep children learning even if they are not in school.

Capacity: Since 2003 we've been working with hospitals on bio-emergency plans, including ensuring the ability of hospitals to expand their capacity to care for large numbers of patients. This work has included DOHMH educating hospital emergency department staff about pandemic response and conducting an influenza drill. In addition, we have been working with EMS, community health centers and nursing homes to strengthen the health care network for pandemic response to address gaps identified through careful data analysis, including building stockpiles of personal protective equipment and ventilators. We have also developed a mass fatality management plan with the Office of the Chief Medical Examiner, which is responsible for that crucial planning.

Antiviral Medication: The use of antiviral drugs can decrease severe complications of influenza and reduce hospitalizations if used early in the course of illness; they can also be used to prevent acquisition of influenza. The Department has worked closely with the State and federal government to manage and plan for receipt, storage, distribution and use of antiviral drugs for treatment of ill persons. We understand that the capacity for production of antiviral drugs is increasing and there is an ongoing, national discussion about the best way to use and distribute the drugs for prevention.

Vaccine Distribution: With current technology, antiviral vaccine will likely not be available until six to nine months after a pandemic is detected. The Department has identified over 300 potential vaccination locations (or Points of Distribution) throughout the City, and we used the influenza vaccine shortages of the 2004-05 and 2005-06 seasons as opportunities to test our plans to distribute vaccine and conduct mass vaccination clinics. Furthermore, we've enhanced our Citywide Immunization Registry computer system, expanding its ability to record pandemic vaccine administration and adverse events.

Mental Health: Throughout our planning, we are also preparing to address the tremendous psychosocial consequences of a pandemic. Our mental health emergency response will use pre-designated community-based and professional agencies to help.

Public Communication: Recognizing the importance of delivering consistent, frequent and dependable communication to the public, the Department's pandemic public communication plan takes advantage of television, radio, internet and the City's 311 system. We invest considerable time and effort to maintain current contact information for the full range of media in New York so that we can utilize every avenue in the case of a pandemic to reach the public and give them information about how to access medical care and other services.

My description of our work is not exhaustive, but it should give you a sense of the breadth of our activities. Many of these projects will serve New Yorkers well in a variety of emergency situations, not just in the event of a pandemic.

A current hot button issue in pandemic response is the use of antiviral drugs. There is ongoing discussion about whether antiviral drugs will only be used for treatment or whether they will be used for prevention as well. Moreover, there is no guarantee that any specific antiviral medication will be the most effective one against the emergent pandemic strain.

The federal government decided to stockpile Tamiflu, an antiviral drug, as well as another drug called Relenza; New York City's share of the federal stockpile will be distributed through the Strategic National Stockpile. In addition, the federal government negotiated an agreement with Roche Pharmaceuticals to make additional Tamiflu available for purchase by state and local governments at a discount rate for the sole purpose of stockpiling for a future pandemic. New York State purchased the New York City allocation of Tamiflu with State funds, and New York City and New York State are in total agreement that those antivirals are to be used by New York City residents and will be stored locally.

Roche Pharmaceuticals, the drug company that manufactures Tamiflu, has been actively promoting the stockpiling of its product by government and the private sector. In fact, the Department met with representatives from the company, who suggested that the City would be politically vulnerable if it did not purchase additional Tamiflu, and implying that we could not trust New York State to provide the City with the drugs they purchased for us. They are marketing aggressively, as is their right, but their interests are not identical with those of public health. Antivirals are just one aspect of pandemic flu preparedness and there is no guarantee that Tamiflu will be the best drug to protect New Yorkers in the event of a pandemic. Although there have been no changes in the WHO recommendations, there have been recent reports of resistance to Tamiflu, which are also concerning.

The Centers for Disease Control (CDC) reviewed the Department's plans for the health sector and told us that we have no major gaps. This is the highest rating available. Our Strategic National Stockpile plan, which would be the vehicle for antiviral drug distribution, received a score of 97 (out of 100), and the reviewers indicated that our communications and community containment plan have been recommended as a model for other jurisdictions.

Despite this positive feedback from the CDC, we know there is much more to do, and we recently learned that we will have to do it with less. Since 2005, the CDC provided us with a separate stream of pandemic flu funding; we've received a total of \$12.7 million over the past three years. The CDC will not be allocating pandemic flu funding to states and localities in 2008, so it will be our challenge to continue to move this work forward without it.

Two and a half years ago, I told you that there is much to learn about pandemic flu and that our plans would have to be flexible. We have learned a great deal in that time, have developed a solid plan, and will continue to refine it. I am happy to answer any questions that you may have at this time.

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