



Testimony

Of

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before the

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Committees on Health, Government Operations, and Public Safety

On

New York City's Response to H1N1

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Good afternoon Chairpersons Rivera, Sears, Vallone and members of the Committees. I am Dr. Tom Farley, New York City Health Commissioner. Thank you for the opportunity to testify regarding the City's response to H1N1 influenza and overall influenza preparedness.

Influenza is a serious viral disease. There is seasonal flu every year in the United States, and an average of five to 20 percent of the population gets the flu, more than 200,000 people are hospitalized from its complications, and about 36,000 people die. On average 1,000 New Yorkers die from influenza each year, the vast majority of whom are over the age of 65.

The new strain of the influenza virus, H1N1, was first recognized in Mexico in April and has since caused outbreaks of illness in the United States and in many other countries around the world. The Health Department first detected the virus in New York when a large number of students from St. Francis Preparatory School in Queens presented to a school nurse office over a 2-day period with symptoms of influenza-like-illness (ILI). At that time we knew little about how easily the virus would be transmitted, the severity of the illness it might cause, and who amongst the New York City population was most at risk for infection or for severe illness.

Under the Citywide Incident Management System, the Department of Health and Mental Hygiene (DOHMH) is the lead agency in responding to public health emergencies, including pandemics. In preparation for such an event, the Department developed a *Pandemic Influenza Preparedness and Response Plan*. The plan is grounded in the reality that we will not be able to prevent pandemic flu from entering New York City once it emerges anywhere in the world, and that once it arrives we can try to slow its transmission, but will not be able to halt it. A key priority in our plan, which is very relevant in our current response, is minimizing severe illness and death by identifying and treating those New Yorkers who are most at risk as early as possible in the pandemic.

In response to the initial H1N1 outbreak at St. Francis, the Department activated its Incident Command System (ICS), a set of agency-wide on-call teams established to draw on all needed agency resources and provide the highest level of coordinated response. Since then, the ICS leadership has been meeting several times daily to execute our plan. During the height of the outbreak more than 200 Health Department staff worked 12 to 18 hour days and I'd like to acknowledge and thank them for their hard work and dedication.

The Health Department constantly monitors ILI activity in community and health care settings using a variety of surveillance methods, and we immediately scaled up our efforts in response to the St. Francis outbreak. We track hospital emergency department visits, pharmacy sales of antiviral and other medications, school absenteeism and primary care visits, among other indicators, to monitor trends and identify clusters of influenza-like illness.

From the start, because H1N1 was a new virus and little information on its clinical and epidemiologic characteristics were initially known, our priority for surveillance was monitoring for more severe illness and death. In partnership with the healthcare community and the Office of the Chief Medical Examiner, we established enhanced surveillance in order to track the number of persons who were hospitalized or had died with influenza-like symptoms. We actively worked with the healthcare providers reporting suspect cases to arrange testing for H1N1 in our laboratory.

The Department's Public Health Laboratory provides a wide range of clinical and environmental laboratory testing services. During the early period of the outbreak, the Lab was able to determine that the ILI at St. Francis was probable H1N1, and we recently acquired the technology necessary to perform confirmatory tests for the new H1N1 influenza. Our Lab was one of the first nationally to receive this test and having this capacity locally improved our ability to obtain timely information about the virus. The development and distribution of such a test in such a short period of time is a remarkable feat, and we appreciate the support we've received from our partners at the CDC.

We observed some important patterns about this new H1N1 influenza virus from our early investigations. First, the virus appeared to spread easily in particular settings, most notably schools. Second, in spite of this, the elderly were generally spared, in contrast to seasonal flu. Third, nearly all of the younger people who did become ill had mild symptoms, with most recovering completely in 2-5 days.

The Health Department continues to survey New Yorkers to determine what proportion of the city's population has experienced flu-like illness since late April, and what types of symptoms people have experienced. We surveyed students, teachers and parents at St. Francis to learn more about the particular circumstances surrounding the outbreak at that school and to understand the patterns of transmission of the new virus.

In late May we conducted a random-digit-dial telephone survey of 1,000 New York City residents. Of those surveyed, 6.9 percent reported having fever accompanied by sore throat or cough in the previous three weeks. We are still refining our estimates, but the survey suggests that many thousands – perhaps hundreds of thousands - of New Yorkers have had influenza-like illness.

DOHMH recently released an analysis of H1N1 hospitalization data, which found that the most common risk factor for complications due to H1N1 in NYC thus far has been asthma. We also observed that individuals who are younger than 2, over 65, pregnant or have a weakened immune system, diabetes or cardiovascular disease are at elevated risk during the current outbreak.

As with seasonal flu, the H1N1 flu has claimed lives, 15 so far in New York City since the outbreak began. While most of these deaths have involved people with risk factors for flu complications, influenza is sometimes fatal in otherwise-healthy people. These deaths are tragic, but not unexpected. This is why it is important for anyone who has the risk factors mentioned previously or chronic underlying health problems to

consult a health care provider when experiencing flu-like illness. It is important for all New Yorkers to take measures to protect themselves from flu, including avoiding close contact with people who have influenza-like illness, and washing hands often with soap and water.

Armed with a basic understanding of the virus, a recognition that novel H1N1 transmission and symptoms were similar to seasonal flu, and the capacity to test locally for H1N1, the Department's main objective has been to minimize the impact on high risk individuals. The community control and response portion of our *Pandemic Influenza Preparedness and Response Plan* calls for the Department to assess epidemiologic, clinical, and behavioral characteristics of the pandemic strain and make recommendations for containment measures to limit spread, morbidity, and mortality, while minimizing social disruption and cost. School closures and the distribution of public health messages such as "cover your cough" are examples of measures that the plan suggests could be taken, if indicated.

To date, more than 59 schools have been recommended for closure due to the new H1N1 influenza—all of which have already reopened without incident. In the case of the H1N1 virus, the main goal of school closures is to protect those at highest risk of complications from flu by slowing transmission in that particular school community and reducing exposures among those with underlying conditions. School closure is not done with the expectation that it will interrupt the spread of flu in the city as a whole.

The Health Department and the Department of Education (DOE) are working together to monitor influenza-like illness in New York City schools in response to this outbreak. Information is collected daily from school nurses and school administrators and evaluated by the City's Office of School Health. School nurses notify the principal and contact the City's Office of School Health if there are five or more children who come to the medical room with ILI. The Health Department reviews this data along with absenteeism over the past week, looking for a sudden or a sustained increase in flu-like illness.

To be clear, high absenteeism, by itself, is not a basis for closure; there is no single number upon which school closures decisions are made. In deciding whether to close a school, the Departments of Health and Education seek to balance definite harm—lost education, parental wages, school nutrition programs and possible unsupervised children – with a possible benefit. The Health Department carefully evaluates the circumstances occurring at each school and pays closest attention to schools in which a certain percentage of the student body comes to the medical room on a given day with fever and cough or sore throat. This indicates that a significant number of students are ill while at school and may be spreading infection to those at risk.

One of the greatest challenges facing the Department during a pandemic is to provide quick, clear, consistent, and frequent emergency information to the public. Central to our communications strategy is the use of the news media to keep New Yorkers well informed about the progress of the outbreak and about what measures they

can take to protect themselves. The Department's recommendations to New Yorkers remained consistent since we first detected the virus:

- stay home from work or school if you are sick;
- cover your mouth when you cough;
- avoid close contact with people who have influenza-like illness;
- wash your hands often with soap and water or alcohol-based cleansers;
- seek health care and treatment for severe symptoms; and
- for individuals at high risk of complications from influenza, seek preventive treatment from a health care provider and contact your provider immediately if you develop flu symptoms.

The Health Department issued 23 press releases and held eleven press conferences and briefings, generating thousands of media stories. This method of communication is effective and efficient, and allows us to reach the maximum number of people with the latest and most up to date information.

The Department also issued a wide variety of fact sheets, brochures, posters and pamphlets targeting various populations, including the school community, employers, and faith and community leaders. We translated these documents into up to 12 languages, and developed low literacy materials. All of these materials are available on a dedicated H1N1 page on the DOHMH website.

To assist us with our outreach to the public we partnered with elected officials at the city, state and federal levels. We held briefings for the City Council, State Assembly and Senate, the city's Congressional delegation and all five Borough Service Cabinets. We made an effort to personally notify every elected official in advance of any school being closed in his or her district, and provided the information necessary to respond to questions from his or her constituents. We thank the City Council for your assistance and appreciate your feedback on our messaging and outreach plan.

In addition to proactively distributing information, the City was well prepared to handle the unprecedented volume of incoming requests for information. Since the outbreak began, we responded to more than 54,000 calls to 311 and our DOHMH call center regarding H1N1. Customized scripts were developed to assist call-takers respond to inquiries. As of June 10th, we distributed more than 21,000 educational posters and brochures on H1N1 and general prevention measures, including respiratory and hand hygiene, to callers upon request.

Equally important to our ability to communicate with the public is our ability to distribute important clinical information to health care providers. With more than 30,000 subscribers, our Health Alert Network provides an opportunity to get clinical recommendations and treatment guidance directly into the hands of providers with the click of a button; we sent out eleven health alerts, as well as multiple clinical guidance documents and treatment recommendations during the past six weeks providing physicians with the latest information on novel H1N1 activity in New York City. Our Provider Access Line (PAL), staffed by Health Department and Medical Reserve Corp

personnel, fielded nearly 5,000 requests for assistance since the beginning of the outbreak.

Before closing, I would like to recognize two challenges. The first is funding. Our estimate is that the DOHMH response to the H1N1 outbreak will cost approximately \$4 million dollars this fiscal year. Be assured the Department is capable of sustaining our response and we are very well prepared. However as we continue to prepare for flu season and the possibility that a more severe H1N1 virus will return, it is critical that the Federal government sufficiently support our activities. Our federal Public Health Emergency Preparedness grants decreased by more than \$6 million over the past 4 years, and we are expecting another \$1.5 million cut in the upcoming federal fiscal year. President Obama and Congress have both indicated they intend to make supplementary funds available to address the H1N1 outbreak and prepare for the upcoming flu season, and we are hopeful that New York City will receive its share of this funding.

Perhaps the greatest challenge we face—one that is common to pandemic planning and response—is the need to respond and make policy decisions in the face of medical and scientific uncertainty. Influenza can evolve in unpredictable ways; it is impossible to know whether the novel H1N1 influenza virus will dwindle, remain the same, or surge in coming weeks; whether the illness caused by this virus will remain mostly mild; and whether the virus will return in the fall or the expected winter flu season. The Health Department will continue to monitor this situation closely and make policy decisions based on the best information available to us at that time.

Thank you again for the opportunity to testify. I'm happy to answer your questions.

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