Testimony before the U.S. Senate Special Committee on Aging

Submitted for the Record

"North Carolina's Pandemic Influenza Response Planning With Regard to Older Americans"

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Mr. Chairman and distinguished members of the Senate Special Committee on Aging, my name is Dr. Steve Cline. I am the Chief of the Epidemiology Section in the North Carolina Division of Public Health. I am honored to be testifying before you today on behalf of public health and the 8.7 million citizens of North Carolina, more than 2.4 million of whom are over the age of 50 representing 28% of the total population. By the year 2030 it is estimated that 35% of the state's population will be over 50 years of age.

I have devoted my career to public health, the first 13 years at the local level in North Carolina and the past 10 years at the state level. In my current job I oversee the state public health programs in communicable disease control, HIV/STD prevention and care, occupational and environmental epidemiology, the medical examiner system, the state laboratory of public health, and public health preparedness. I am the principal investigator for the federal grant programs from the Centers for Disease Control and Prevention (CDC) for bioterrorism and the Health Resources and Services Administration (HRSA) grant for hospital preparedness. Since the terrorist attacks of September 11, 2001, I have lead the state's public health efforts to build a stronger, better integrated, all-hazards emergency response system with our local, state, and federal partners.

Introduction

Preparing for and responding to an influenza pandemic is a monumental task that will touch every one of us, young and old, in some way. The National Influenza Pandemic Response Plan released in November of last year and the recently released National Implementation Plan, place the majority of the responsibility to appropriately prepare, plan, detect, and respond to a pandemic on state and local health departments. Our citizens are counting on us to get it right. The sense of urgency is only heightened by the media attention this threat is receiving. We have reports daily of the increases in the worldwide human death counts from avian flu as the disease gradually moves out of Southeast Asia into Europe and almost certainly our way. We have prime time television dramatization of a fictional pandemic flu disaster in this country. We have regular articles in our periodicals like the Associated Press story in USA Today on May 19th that quoted federal officials saying states are unprepared for bird flu. And of course we all witnessed the devastation and chaos following Hurricane Katrina in the gulf and wondered how well we would do if such a disaster struck our community. Its no surprise our public is concerned about pandemic flu. This is important work and it is important to do it now.

In my comments to you today, I'd like to focus on three things: 1) the progress we have made in preparing for emergencies like the pandemic flu, 2) the challenges we face protecting older Americans, and 3) the help we need from Congress to continue making progress.

1) Funding and Accomplishments

First let me say thank you for the substantial federal investment in public health preparedness that Congress has been making since 9/11. North Carolina, like most states, used these funds to strengthen our state and local public health system. Public health is critical to protecting health and responding to emergencies. North Carolina is no stranger to emergency response due in large part to our experience with natural disasters, hurricanes in particular. We take an all-hazards approach, which not only better prepares us for any type of emergency but helps us do better public health every day. Some of our major accomplishments since 9/11 include:

- **Local Health Department** funding for increased local public health preparedness capacity statewide.
- **Health Alert Network (HAN)**, a secure statewide system for alerting all 100 counties, 85 local health departments, law enforcement, emergency management, and other response partners.
- **State Laboratory of Public Health** expanded the main lab and built three regional labs to increase the capacity to work with select chemical and biologic agents as part of the National Laboratory Response Network.
- **NC Hospital Emergency Surveillance System (NCHESS)** – electronic reporting of clinical data from all hospital emergency departments at least daily.
- **Public Health Regional Surveillance Teams –** public health strike teams based across the state.
- **State Medical Assistance Teams –** a three-tiered system to provide medical surge capacity.
- **Public Health Epidemiologists in Hospitals** – public health epidemiologists embedded in the 10 largest hospital systems.
- **VIPER** – Interoperable communications system.
- **Training and Exercises** – developed and exercised numerous response plans.

Influenza Pandemic Response Planning

- North Carolina, again like most states, has developed and tested state and local pandemic flu response plans. The **North Carolina Pandemic Flu Response Plan** was completed in October 2004 and updated in January of this year.
- Established the **North Carolina Influenza Pandemic Planning Committee** with state and local, public and private, and multi-disciplinary representation to guide the response planning and funding priorities.
- Established the **Special Populations Workgroup** to make sure the North Carolina response plans address the unique needs of the elderly, disabled, homebound, and other minority groups including those for whom English is a second language.
- Developing a **"toolkit"** of educational materials and planning tools that are consistent with the federal planning checklists but customized for North Carolina to be used by

businesses, healthcare providers, educational organizations, faith communities, community based organizations, and individuals and their families.

- Created the **State Medical Asset Resource Tracking Tool (SMARTT)** which is an electronic database of all acute care hospitals in North Carolina that tracks bed availability and medical care capacity on a daily basis and more often as needed during an emergency.
- Established a registry of all licensed group homes and long term care facilities within the **North Carolina Multi-Hazard Threat Database** that maintains current contact information and geographic coordinates for each facility that can be mapped using a geographic information system.
- **Training and Exercises -** So far in 2006 alone we have conducted eight regional web-based tabletop exercises with our hospitals, health departments, and emergency management partners. We conducted two regional planning workshops. Even as I stand before you today, we are in the second day of a statewide fully functional pandemic flu field exercise.
- Established the **North Carolina Task Force on Ethics and Pandemic Influenza Planning** with broad representation from healthcare, ethicists, business, special populations, and citizens at large to discuss the tough ethical questions a pandemic will raise and make recommendations.
- North Carolina is the second largest poultry producer in the U.S. Together with public health, agriculture, and industry partners we created the **Avian Influenza/Human Health Task Force** to better understand the threat of avian flu and the impact it could have on human health.

2) Challenges for Older Americans

While much work has been done, clearly we have much more to do. Preparing for pandemic flu is not the same as preparing for a natural disaster. For example, in a hurricane we move people out of their homes and out of the path of danger into large group shelters. In a pandemic it is the opposite. We want to limit the opportunity for disease transmission between people and therefore limit mass gatherings. We will look to shelter in place. This and other aspects of a pandemic emergency pose unique challenges to older Americans.

- Older Americans is the fastest growing segment of the population.
- Elderly residents are more likely to have fragile health and often require in-home care and additional services to go about their daily lives. Due to absenteeism and/or fear of disease transmission, many of these businesses and services may not be available.
- How do we reach the non-institutionalized elderly? This population of older Americans may be living alone, are generally less mobile, and difficult to communicate with as a group.
- We work closely with local aging organizations such as the Area Agencies for the Aging (AAA), local chapters of the Red Cross, AARP, and other community groups. Can we rely on these mostly volunteer organizations to be there during an emergency?
- Less than half (48.9%) of adults 50 years and older get their annual flu vaccine. North Carolina reports more than 1000 deaths a year due to influenza. The elderly population is disproportionately affected by the annual flu due to their vulnerable health status. The immunity that results from the annual flu vaccine may offer some protection from a

pandemic flu virus. In addition, a well-vaccinated population could help us recognize the existence of a new potentially pandemic flu virus sooner. How can we increase the number of adults who get their annual flu vaccine each year?

3) Where do we go from here?

What can Congress do to assure we continue to make progress in public health preparedness and pandemic flu response planning?

- **Sustained Funding –** Public health needs a sustained and predictable stream of funding to build and maintain the systems and partnerships that are essential to an effective response. Public health preparedness funds to states have been reduced which will hinder progress. The $100 million in the Pandemic Flu Supplemental Funding that went to state and local health departments to date is far less than adequate to protect our citizens. The current funding to states is one-time funds.
- **Improve Adult Immunizations –** The infrastructure and provider capacity is strong for childhood vaccines and therefore North Carolina, like most states, excels in getting children vaccinated. However the utilization and demand for adult vaccines is low and the capacity to provide them in our current healthcare system is lacking. We need to build strong innovative programs for adult vaccines that will improve adult vaccination rates and can be utilized during an emergency.
- **Vaccine Production** – We must continue to invest in ways to improve flu vaccine production. Both the science of vaccine manufacturing and the speed with which we can safely bring these new products to patients who need them are issues that must be resolved at the federal level.
- **Communications** – During a large scale pandemic, the availability of medications, medical supplies, and healthcare providers themselves may be severely limited. We will be forced to make hard choices about who and when patients get care. Strong leadership and clear messages will be essential to help our citizens understand how these decisions are being made and that they are being made fairly based on the best available information.

Closing

Responding quickly and effectively to a pandemic flu will require extraordinary measures in an atmosphere of fear, chaos, and human tragedy. A strong, well-supported public health system is critical to saving lives and managing the crisis. The investments that have been made in public health preparedness are clearly moving us in the right direction but they must continue and expand if we are to be as strong as we must be and as strong as our citizens deserve.

Thank you.