Testimony to the House Health Policy and Agriculture Committees

Avian Influenza Preparedness

February 6, 2006

Chairmen Nitz and Gaffney, members of the committees and colleagues:

I would like to thank you for this opportunity to give testimony today as a representative of local public health and to share thoughts regarding Michigan's capacity for Avian Influenza Preparedness.

My name is Melinda Dixon and I am the Medical Director for Disease Control with the Detroit Department of Health and Wellness Promotion. I am also a Trustee on the Board of the Michigan Association of Public Health and Preventive Medicine Physicians, an organization which serves as the Physicians Forum for MALPH and provides Public Health representation with the Michigan State Medical Society.

After the anthrax events of 2001, Public Health was catapulted from its traditional response position to one of public health preparedness and response. Nationally, actions have been taken towards ensuring the safety of Americans through Homeland Security. Comparatively, in an era of emerging and re-emerging infectious diseases of either naturally occurring or an intentional nature, health protection and security have required a re-defining and strengthening of the Public Health infrastructure. Public Health is the Guardian of our community's health and local public health departments stand on the front lines to perform the core public health functions of assessment, policy development, and assurance.

Planning is critical to the preparedness effort. Public health preparedness necessitates a different level of planning and practice. Each state and local community must be prepared and able to respond quickly and effectively to any new health emergencies. Such emergency preparedness cannot be assured unless... state and local officials have the capacity to plan and implement the necessary strategies to address public health threats. Local health departments are currently running on a deficit even for routine events. This is a situation that needs some serious remedy because, ultimately, every emergency occurs on a local level.

For pandemic or avian influenza, there are several things in place. The State of Michigan has developed and updated a Pandemic Influenza Plan, which is made available through the Health Alert Network. Local health departments have plans that vary by content and perspective. The Detroit Department of Health and Wellness Promotion has a All-

Hazards Emergency Plan, which is intended to be comprehensive in nature. However, without practice, the gaps or weaknesses cannot be identified - this takes money and dedicated time.
Recommendation: Funding and resources need to be equitably allocated to local health departments using risk base analysis in order to develop and implement the exercises needed to properly evaluate and strengthen these plans.

Surveillance is extremely critical to the prevention and control of infectious diseases. This is a role that is particular to public health and no other entity has the sanction to perform this function. Existing and emerging diseases threaten our Michigan communities daily. To protect our citizens, it is important to lay a solid foundation at a local and municipal level, with a well-maintained public health infrastructure to be able to respond to infectious and communicable diseases.

Beginning in 2004, The City of Detroit Department of Health and Wellness Promotion, along with the other health departments in Michigan, embarked upon disease reporting through Michigan Disease Surveillance System (MDSS) improving our ability to do early detection. The only limitation – any system used for disease monitoring is only as good as the number of persons/agencies that provide input into them. To the extent that there may be human resource or technical deficits, these efforts may need expansion of partners and users. Local health departments have insufficient staff to inform and educate physicians and other community partners on the importance of reporting diseases completely and timely, or for the surge response that will be needed to respond to pandemics.
Recommendation: Efforts should be directed, or resources allocated, towards support, maintenance, and/or expansion of surveillance activities with clinics or agencies that might evaluate or diagnose persons with potentially communicable diseases.

Partnering and collaboration/coordination with other agencies (health-related, governmental, and others) has been an ongoing process through the regional pre-hospital and hospital process, the City Readiness Initiative, and the Great Lakes Border Health Initiative. These interactions are central to promoting coordinated efforts in areas such as preventive treatment distribution, communications and/or public messages, and community-wide emergency response strategies. Local public health has a special role in these partnerships which may be exemplified by the authority given to Health Officers in the Michigan Public Health Code, the powers of Health Officer in declaring a public health emergency, and the relationship between local and state in the request for the Strategic National Stockpile (SNS). Local public health brings a variety of things to the table however sometimes this fact is lost in the array of issues that present during discussions for plans.
Recommendation: Continue ongoing coordination and meetings with existing partners and others, as identified.
Recommendation: Continued support from MDCH for the role of local public health and identification/clarification, for others, of this role as a part of the emergency response process

Education and Training cannot be over-emphasized. Competent, knowledgeable public health staff is essential to mounting an adequate response to a public health emergency. General Communicable Disease Control is a required program under Michigan's Public Health Code. However, decreases in funding from the state over the last several years has led to a lack of staff that have epidemiological or communicable disease training. This factor is a source of weakness in our infrastructure and will impact our ability to perform effective disease prevention, containment, and control.

Additionally, there is a need for such partners as Emergency Management, Law, hospital and pre-hospital partners (among others) to engage in integrated training with public health. Trainings on Crisis and Emergency Risk Communication and Incident Management System would be two topics recommended for consideration. Through this process partners could begin to better understand each other's role and potentially learn more about how each discipline interacts to provide a comprehensive emergency response. This allows for a response that is clear, concise, consistent, and complete - which is needed during a crisis.
Recommendation: Encouragement and support of more trainings and educational venues that use an integrated training model, in order to foster joint understandings and coordination of efforts during emergency response.

The Department of Health and Wellness Promotion, like other local health departments in Michigan, is making progress in the arena of public health preparedness, thereby affecting pandemic influenza preparedness. In addition, we (as have other locals) received federal funding which has been distributed through MDCH to support various components in building infrastructure. However, we remain concerned about maintenance and sustainability. Local dollars have dwindled and only federal dollars have thus far gone into pandemic preparedness and emergency response. Public health capacity and the ability to mount an appropriate surge response from the local level are not strong. An outbreak that is not controlled on a local level will have devastating and widespread impact. Local Health Departments would be responsible for providing vaccines, prophylactic (or preventive medications) along with triage and other health-related duties; this would require a significant amount of resources, including staff.
Recommendation: Increase funding to assure adequate and equitably distributed statewide local public health capacity in the area of disease surveillance, training and enhanced laboratory capacity. Consideration should be given to lost productivity in other program areas when staff is trained in bioterrorism issues.

As I end, I would like to thank you once more for this opportunity to provide testimony on this most important issue.

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