DEPARTMENT OF PUBLIC HEALTH

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Testimony to the House Health Policy and Agriculture Committees
Avian Influenza Preparedness
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Dear Chairmen Nitz and Gaffney, members of the committees and colleagues:

I would like to provide testimony today representing Michigan's local public health departments. My name is Michael Krecek and I am the Director/Health Officer for the Midland County Department of Public Health Department. In addition, I serve on the Executive Committee and Board of Directors of the Michigan Association for Local Public Health, also known as MALPH, which represents 43 of the 45 local health departments in Michigan.

I thank you for this opportunity to share thoughts regarding Michigan's capacity for Avian Influenza Preparedness.

Michigan's 45 city, county and district health departments provide a wide array of services that significantly impact the health of almost every citizen in our state. Under Michigan's Public Health Code (Act 368 of 1978), each county is required to have a local health department, each of which has a statutory responsibility for protecting the public's health. These efforts improve the health and the quality of life of a majority of the people living in a community, including protection against the threat of communicable diseases such as pandemic influenza.

Pandemic Influenza – Increasingly Deadly:

- 1918 influenza pandemic – 2% lethality
- Avian influenza: 1997 to spring 2005 – 55% lethality
- In comparison: Smallpox – 30% lethality

World Health Organization (WHO) estimates using a pandemic influenza model with 6% lethality:

- 2 – 7.4 million deaths expected
- 750 – 1.6 million will need care
- Sufficient vaccine for 3-5% population
- Sufficient Tamiflu for 2% global population

Infectious (communicable) disease is the 2nd leading cause of death worldwide, accounting for 26% of all deaths.

Serious infectious disease – specifically an Avian Influenza Pandemic – will affect national security and the global economy. **The Michigan economy will be devastated by a pandemic flu event.**

The dire predictions related to an Avian Influenza Pandemic will only be mitigated and controlled via a strong and responsive public health system.

Michigan's preparedness in the event of a pandemic:

- The MDCH Pandemic Influenza Plan has been available since summer 2005 and was updated (Version 2.2) in January 2006. This plan is available on the Health Alert Network (HAN), a statewide Internet disease-alert system for health-care providers. Each Local Health Department also has its own pandemic influenza plan. Local plans vary in scope and content. The good news: We have plans. The bad news: They have not all been tested, and there is no assurance they are comprehensive.
- **RECOMMENDATION:** Local Health Departments need additional resources/funding to adequately exercise plans; these take time and money.

Ongoing efforts to ensure coordination between government agencies and health and agriculture organizations:

- Michigan's Avian Influenza Interagency Workgroup (comprised of state agencies such as MDCH, MDAG and MDEQ) has established weekly conference calls to focus on coordination and planning in a unified approach that considers humans, domestic animals and wildlife. Local Health Departments are represented at these meetings. *In the works:* A statewide summit featuring HHS Secretary Mike Leavitt, targeting businesses, schools and other community partners.
- Local Health Departments have an inter-dependent relationship with the Michigan Department of Agriculture, working together to ensure the integrity and safety of Michigan's food supply. Examples include routine restaurant inspections, food-borne illness investigations, emergency orders in conjunction with power outages and other situations that affect the public's health.
- **RECOMMENDATION:** Continue ongoing meetings with state agencies and local public health, and expand state and local involvement to include other community partners, including faith-based and school-based organizations.

Michigan's ability to implement infection control, prevention and containment measures:

- Michigan is vulnerable, and not fully prepared for effective infection control, prevention and containment. This is mainly due to lack of adequate funding for basic public health capacity. Only the federal government has funded pandemic preparedness and emergency response efforts, to date, with no matching effort by the State of Michigan. Federal funds are administered through the Centers of Disease Control (CDC) to individual states and then provided to locals. Over the last three years great progress has been made in state and local preparedness. **However, local funding has been inadequate to be fully prepared with the State of Michigan only providing 17%, 47%, and 47% respectively of total CDC funds to locals during the last three years.**
- The public expects a timely and adequate response. The current flu strain of highest concern, H5N1, is not believed to have mutated sufficiently to be spread human to human at this time. However, many experts suggest the mutation is likely to occur. Although I hope and pray that they are mistaken, such an event

could trigger pandemic influenza. History suggests that a pandemic flu event is likely within the next few years.

- While surveillance has improved greatly, we still may not be able to prevent a pandemic from occurring. With our global economy, an exposed person in China or India can be in Detroit or Midland the same day and have the ability to infect others.
- If an outbreak of disease is not controlled locally, there will be much wider implications. In the event of a pandemic, local health departments would be responsible for isolation and quarantine orders, prophylactic medications and other health care, and providing vaccinations when available, among other duties. These efforts would require a significant amount of resources, including staff.
- Due to the current lack of availability of vaccine and antivirals, a robust state and local public health system would be our best defense in a pandemic situation. This defense has been compromised as public health staffing and capacity have declined over the past 8 to 10 years.
- General Communicable Disease Control is one of eight required priority health programs currently required under Michigan's Public Health Code. Part 24 of the Public Health Code specifies a 50-50 (state-local) cost sharing of these eight required priority programs. Erosion in funding from the State has led to a shortage of qualified staff that have epidemiological or communicable disease training. Current funding is less than FY 1998-99 levels.
- Each year, Local Health Departments respond to over 450,000 cases of infectious diseases, including influenza.
- Local Health Departments have too few staff to investigate current disease cases or to 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 a pandemic. Even if we shut down normal operations to respond to a pandemic, and we would, there are still not enough personnel. Combine this concern with the fact that public health and health care workers will also likely become ill from the virus and will be unable to work.
- A recent survey of all 45 health departments, estimates a $5 million increase in communicable disease funding is necessary to adequately respond to routine events, not to mention a crisis situation that pandemic influenza would present.
- There is no information system currently available to track adult immunizations should it become necessary to provide pandemic flu vaccinations.
- **RECOMMENDATION:** Increase funding to assure adequate state-wide local public health capacity in the area of disease surveillance, training and enhanced laboratory capacity. Take into consideration lost productivity in other program areas when staff are trained in bioterrorism issues.
- **RECOMMENDATION:** Change current law to allow Michigan Childhood Immunization Registry to track adult vaccinations (currently only for up to age 20). Senate Bill 728 is in the legislature awaiting approval and addresses this vital data management resource. This will be essential in tracking efforts related to an avian influenza pandemic or other widespread disease outbreaks.
- **RECOMMENDATION:** Passage of Emergency Communicable Disease Rules. Our current rules do not provide the nimbleness necessary to assure adequate and timely reporting of new and emerging disease threats.

Government must have the ability to respond in all situations to all sectors. Public notification strategies to ensure timely and accurate communication between government, health, agriculture agencies and residents is essential.

- Local public health departments provide a consistent local presence.
- Each local health department has a designated Public Information Officer (PIO).
- Current state-level interagency meetings focus on message-mapping development, which provides for consistent, prepared messages ready for distribution.
- Some PIOs meet bi-monthly on a regional basis to share resources and avoid redundancy.
- **RECOMMENDATION:** PIOs (from all 45 Local Health Departments as well as the PIOs from state agencies) should meet on a routine basis to discuss issues, sharing of resources and message-mapping for emergencies.
- **RECOMMENDATION:** Some funding is needed to ensure interoperability amongst PIOs, such as shared software, laptop availability and wireless Internet connectivity.
- **RECOMMENDATION:** Funding is also needed to prepare appropriate crowd control and vaccine information signage in advance of a necessary mass vaccination clinic or other large-scale incident.
- **RECOMMENDATION:** Public information should be a serious component that is tested during state, regional and local exercises.

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