Testimony on Resolution No. 090363

Philadelphia Department of Public Health
Donald F. Schwarz, MD, MPH
Health Commissioner

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Good morning, Chairwoman Tasco and members of The Committee on Public Health and Human Services. I am Donald Schwarz, Health Commissioner. Thank you for the opportunity to present testimony today on Resolution No. 090363 [dealing with the City’s response strategies to the public health risks posed by H1N1 (Swine) Flu].

In April of 2009, the Centers for Disease Control and Prevention (CDC) confirmed emergence of a novel influenza strain as a human pathogen in the US and Mexico. The virus is a genetic reassortment of the influenza A (H1N1) strain, which contains genetic pieces from four different virus sources: North American swine influenza viruses, North American avian influenza viruses, human influenza viruses, and swine influenza viruses found in Asia and Europe. The virus is officially being called the 2009 influenza A (H1N1) strain, although many people still refer to this simply as the “swine flu.”

Influenza, in general, is a largely misunderstood, underestimated, and often overlooked disease. Influenza in its routine, seasonal appearance causes 30,000 to 40,000 deaths each year in the United States, and accounts for more than 200,000 annual hospitalizations. It ranks (with related pneumonias) in the nation’s top 10 causes of death. On occasion, a unique strain of influenza virus emerges through genetic mutation or recombination. When this happens, the result is a pandemic, or in other words, worldwide spread of disease. Although the impact of a pandemic is largely measured in terms of human mortality, there are also undeniable consequences of social disruption and economic loss.

After swine flu emerged late last spring, the World Health Organization quickly identified this strain to have reached pandemic levels. Subsequently, however, public
health officials have learned many things about the epidemiology of this infection that helps put the term “pandemic” in perspective. Most importantly, we know that the disease has a mortality rate not unlike seasonal flu, that it presents with the same signs and symptoms, and that it spreads through respiratory droplets in the same way as seasonal flu. What we recognize as unique to 2009 H1N1 influenza A are the striking vulnerability that children and pregnant women have for this virus, while the elderly are not as susceptible.

As part of The Department of Public Health, The Division of Disease Control oversees the prevention, timely reporting and control of diseases and conditions that are contagious and/or affect the public's health. Over the past months, the Division of Disease Control has been focused on planning and implementing control strategies to help mitigate the impact of 2009 H1N1 in Philadelphia. The goals are simple – prevent death and complications, limit transmission of infection, protect the most vulnerable, and promote continuity of operations for government, service, and business. The key components of the Department’s control plan are: (1) a surveillance system that enables us to measure disease burden and recognize epidemiological trends – in other words to track when and where people are getting H1N1 in Philadelphia; (2) a healthcare information component that advises regional healthcare providers on disease-related issues, such as diagnosis and treatment; (3) an infection control plan that defines strategies to prevent transmission through non-pharmacological means, including appropriate use of isolation and quarantine; (4) a vaccine distribution program that will oversee handling of more than 500,000 doses of H1N1 vaccine for Philadelphia residents; and, most importantly, (5) an education and communication strategy that uses multiple and diverse mediums to reach and engage the public on this important subject – including posting information on the PDPH Website regarding what H1N1 Flu is, who is at risk, and how to prevent getting sick, and the H1N1 vaccine; and running a public service announcement about H1N1 in five Philadelphia movie theaters. The Department is working closely with the Centers for Disease Control and Prevention, the Pennsylvania Department of Health, and local hospitals and healthcare providers to implement our influenza control strategies and to coordinate activities across political boundaries.
PDPH is following CDC guidelines on prioritizing who should be vaccinated for H1N1. According to CDC guidelines, those who should get the H1N1 vaccination are: ALL people from 6 months of age through 24 years of age; pregnant women; healthcare and emergency services personnel; people who live with or care for infants under 6 months of age; and any person who has a chronic health condition that puts them at a higher risk of flu complications.

2009 H1N1 influenza A has again emerged in Philadelphia, causing significant rates of illness in children and overloading local healthcare providers and hospitals. Our key means of preventing infection is clearly vaccination with the new H1N1 influenza vaccine. Unfortunately, vaccine has been slow to arrive. A new vaccine has been developed based on exposure to H1N1 virus in the spring. PDPH has been working with area public health officials, the State Health Department, the CDC, and regional health care providers to ensure that vaccine is distributed rapidly when it becomes available. Since the burden of disease in Philadelphia is being felt most amongst our youngest citizens, we have prioritized schools as a site for vaccine distribution. Just last week, the Health Department successfully kicked off a citywide program of vaccine distribution in schools. In addition, vaccine is now being delivered to a network of immunization providers across the city. *Doses of vaccine can arrive on a daily basis.* To date, the Department has been allocated approximately 103,000 doses. Of that number, 58,500 doses have been distributed to healthcare providers, 20,000 doses are being held for our school immunization program, most of the rest of the supply has been distributed to pediatric and prenatal care providers. Eventually, the vaccine distribution network will consist of 500 sites across the city, many of which will serve the needs of persons without regular access to healthcare and the uninsured. It is my sincere hope that we will have access to adequate vaccine supplies in time to interrupt the course of this epidemic in Philadelphia.
Thank you for allowing me to present testimony on this important issue. I will be happy to answer any questions that you might have.