

**Testimony of**  
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**Before the**  
**House Committee on Homeland Security**  
**Subcommittee on Emerging Threats, Cybersecurity, and**  
**Science and Technology**  
**On**  
**“Beyond the Checklist: Addressing Shortfalls in**  
**National Pandemic Influenza Preparedness”**  
**Wednesday, September 26, 2007**

## **Opening**

Good morning Mr. Chairman and members of the Subcommittee. Thank you for the opportunity to testify on the Texas perspective on planning for Pandemic Influenza.

My name is Dr. David Lakey and I am the Commissioner for the Texas Department of State Health Services, known as DSHS, which is the primary state agency responsible for coordination of pandemic influenza prevention, detection, response and recovery. I became Commissioner on January 2, 2007. Prior to that, I served as an associate professor of medicine, chief of the Division of Clinical Infectious Disease and medical director of the Center for Pulmonary and Infectious Disease Control at the University of Texas Health Center in Tyler. At the UT Center for Biosecurity and Public Health Preparedness, I was the associate director for infectious disease and biosecurity. In addition, I chaired a bioterrorism preparedness committee for 34 hospitals in East Texas and led development of the Public Health Laboratory of East Texas in 2002.

As the state's public health authority, it is our mission to promote optimal health for individuals and communities while providing effective health, mental health and substance abuse services to Texans. Some of these activities range from ensuring essential public health services, such as immunizations to children, tuberculosis prevention and treatment, and food safety regulation to health care safety net services for our neediest Texans, like low income women with breast and cervical cancer or treatment for individuals with mental health illness. Our department also regulates health care facilities and many health care professions.

## **Integrating Pandemic Influenza Response into All-Hazards Approach**

Today, I am here to discuss the major successes and unique challenges that Texas has experienced in preparing for Pandemic Influenza. Texas faces many different emergency situations, ranging from hurricanes, floods, and tornados to infectious disease outbreaks, such as measles. That is why Texas has taken an all-hazards approach by integrating pandemic influenza preparedness and planning into our health and medical response plans. By taking an all-hazards approach, DSHS is building an emergency preparedness infrastructure that can quickly respond to natural, infectious disease and manmade disasters. In a large state like Texas, with very large and small communities, this approach requires working closely with local jurisdictions, health departments and responders. Although influenza pandemics have unique characteristics, response preparations still need to be part of an all-hazards plan. After a pandemic outbreak begins, it is too late to prepare.

First let me outline for you the emergency response structure in Texas and DSHS' primary responsibilities for health and medical preparedness and response.

### *Public Health and Medical Emergency Support*

The Governor's Division of Emergency Management directs the state's role in disaster response: to maintain overall situational awareness and support community response, to provide guidance

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to local jurisdictions, and to coordinate securing and deploying federal and other resources when state and local assets are insufficient to meet the need. DSHS serves as the primary agency for public health and medical services. Our agency is responsible for coordinating health and medical preparedness and response activities according to the National Response Plan that addresses not only public health and medical services, but also nuclear and/or radiological incidents.

### **Texas Pandemic Influenza Plan Operating Guidelines**

Influenza is always on the watch list, and Texas preparations have been ongoing to get ready for pandemic influenza. In Texas, influenza surveillance activities continue to expand – from identifying Texas illnesses to monitoring global events. Texas began developing its current *Pandemic Influenza Plan* in 2002. The Texas plan, which complements the revised World Health Organization plan and the U.S. plan, includes:

- Guidance to local health departments for working with their community leaders;
- Considerations surrounding allocation and distribution of vaccines and antivirals;
- Updated designs for mass vaccination clinics based on real-time, full-scale exercises;
- Development of information toolkits for health care providers and community leaders.

The plan was developed working in concert with our partners at the local, state and federal levels, including the private sector.

### **DSHS Responsibilities During an Influenza Pandemic**

In Texas, DSHS is the primary state agency responsible for coordination of pandemic flu prevention, detection, response, and recovery, working under the overall framework of the state's emergency management system led by our Governor's Division of Emergency Management. These roles include:

- Developing and maintaining a statewide pandemic flu response plan to provide guidance in preventing, preparing for, identifying and responding to pandemic flu that affects the state;
- Developing and maintaining a statewide pandemic flu surveillance system to detect circulating flu strains;
- Sustaining Texas' ability to rapidly isolate and subtype flu virus;
- Coordinating and supporting training and awareness campaigns for the public related to identifying, preventing and controlling spread of pandemic flu;
- Ensuring timely dissemination of pandemic flu vaccine when it becomes available;
- Organizing attempts to stop, slow, or otherwise limit the spread of pandemic flu by providing guidance to local health departments on activating official response teams, enhancing disease surveillance, collecting specimens and starting interventions;
- Managing and supporting efforts to ensure timely dissemination of Strategic National Stockpile (SNS) resources, including other pharmaceuticals and medical supplies;

- Directing provision of disaster mental health to first responders and those affected.

### **Recent Successes in Pandemic Preparation**

Texas and the Department of State Health Services have achieved some notable successes in our efforts to conduct preparedness and response planning for pandemic influenza.

#### *Strategic National Stockpile (SNS) Technical Assistance Review*

Just last week, CDC conducted a technical assistance review of our state plans for the implementation of the Strategic National Stockpile (SNS) plan. While Texas' score is not official, DSHS has been told that it will receive a state level score in the high 90's out of a possible 100. This comprehensive review looked at Texas' readiness and ability to put into action its SNS operations.

#### *CDC Review of Texas Pandemic Influenza Operational Plan*

Another recent success was the recognition from the Centers for Disease Control and Prevention (CDC) which provided a review of the six priority areas of the Texas pandemic influenza operational plan. These six priority areas include:

- Antiviral Allocation, Distribution and Storage;
- Communications;
- Surveillance/Laboratory;
- Continuity of Operations;
- Mass Vaccination, and
- Community Containment/Mitigation.

Of these six priority areas, two in particular, Communications and the Antiviral Allocation, Distribution, and Storage Plans were identified as best practices in these areas of preparedness. The DSHS Pandemic Influenza Communication Plan was lauded as being in-depth, detailed and reflected exemplary effort in its development. While the DSHS Anti-Viral Distribution Plan was cited for being well-thought out plans with elements that were exercised and proven to be effective.

#### *Multi-Agency Coordinating Center (MACC)*

Another success grew out of the integration of an all-hazards approach to health and medical emergency preparedness. The back-to-back impacts of Hurricanes Katrina and Rita tested the capabilities of DSHS, with federal, state and local partners, to respond to physical and mental health needs resulting from these natural catastrophes. These events led Texas to create the Multi-Agency Coordinating Center (MACC), which provides a state health and medical response across Texas' health and human services agencies during emergencies including pandemic influenza. The MACC has allowed DSHS to better coordinate with state and local partners, in both the public and private sectors, to strengthen the state's public health infrastructure in responding to health and medical emergencies. A state-level pandemic exercise was conducted 9/24/07

in mid-August 2007. Lessons learned from that activity and real-life activations were incorporated into MACC emergency operation procedures. After action reports relating to the past hurricanes and recent flooding responses have also led to continued improvement of systems which enhance pandemic preparedness in Texas.

### *Increased Surveillance Activities*

To enhance disease surveillance activities for pandemic influenza, DSHS has instituted procedures and policies for the surveillance and evaluation of cases of Influenza-like Illness (ILI), including a registered sentinel network of primary care providers. This includes working closely with the DSHS Public Health Laboratory to identify both influenza and other respiratory viruses. In addition, DSHS has an ongoing collaborative relationship with the CDC Division of Global Migration and Quarantine, both with training exercises as well as true public health events of concern regarding the potential introduction of communicable infectious agents, including H5N1 avian influenza and tuberculosis. These activities are closely coordinated with CDC and other partners involved with ports of entry and departure, both along the Texas – Mexico border and other International Ports of Entry at major airports. These measures include strengthening surveillance, laboratory, and hospital response capacity and improving statewide communication about public health and medical threats through the Public Health Information Network (PHIN). The PHIN is an electronic system for quick distribution of specific health and medical information to local health departments, community leaders and medical providers throughout the state. In addition, the PHIN provides video conferencing and distance learning capabilities, along with a mechanism for ensuring the security of health data that is transferred from those members of the network to DSHS.

### *Laboratory Response Network*

Over the past 5 years, Texas has worked to develop a Laboratory Response Network (LRN) across the state. Currently, our state has established 10 high level containment LRN laboratories that can rapidly diagnose infections of significant public health concern. Of these labs, eight can now also diagnose H5N1 avian influenza in about three hours after a sample is submitted to them. This type of infrastructure facilitates a rapid public health response throughout the state and is a critical component in the early identification of a pandemic influenza outbreak.

## **Some Remaining Challenges in Pandemic Preparation**

### *Size of Texas and its International Border with Mexico*

One of the biggest challenges in preparing for pandemic influenza in Texas is reaching all our residents quickly. The size and diversity of Texas results in a wide variety of needs and requires a large number of resources to meet those needs. It is further from El Paso to Houston than it is from El Paso to San Diego, California. Texas has four of the nation's largest cities by population and also some of the most rural and sparsely populated areas in the country. In addition, over half of the U.S. – Mexico International Border is in a part of Texas that covers 32 different counties and four separate Mexican states. Communications between all these different public

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health agencies is essential. When you consider that over a million legal crossings take place each day along this border, it is a test of the Texas public health system to work in a binational effort with Mexico to identify and prevent the potential for pandemic influenza. Other factors that complicate the disease surveillance activities along the Texas – Mexico border is that cross-border trade more than tripled since 1993, along with rapid population growth on both sides of the border. Added to the challenges represented by the Texas – Mexico border are other points of entry such as sea ports and international airports. Strong public health systems along the Texas – Mexico border and at other designated U.S. points of entry serve not only our state but the entire nation to minimize any potential for spreading pandemic influenza in the United States.

### *Texas: A Local Control State*

Texas is a local control state, and many final decisions about pandemic influenza will be made at the local government level. The DSHS plan was developed with local input to provide a simple, flexible process adaptable for state, regional, and local jurisdictional use. In those areas of the state where there is no local health department, the DSHS regional offices serve as the local health authorities. The goal has been to ensure that Texas continues to build and enhance processes to provide public health planning and response capacity at all levels in all communities. To build local preparedness capacity, DSHS began contracting with local health departments (LHDs) in 2002. DSHS has directed 95% of federal funds to preparedness activities at the local level including direct contracts with local health departments. Separate funding is provided to local governments through two CDC sponsored special initiatives, Cities Readiness Initiative (CRI) and Early Warning Infectious Disease Surveillance (EWIDS).

To be successful locally, it is essential to allow more flexibility for differences in responding to local needs. Maintaining essential public services is a big concern. Hospitals could be inundated; medical staff could be in short supply; police forces may face citizen discontent and other security issues; and keeping citizens supplied with food, clean water, and other basic essentials could become a serious challenge, especially if workers themselves are sick or home caring for loved ones.

### *Restrictions on Use of Federally-subsidized Antiviral Medications*

Antiviral medications can be effective in preventing and treating influenza viruses in a pandemic, especially in reducing the duration of symptoms and some influenza complications. Their use forms one part of a comprehensive approach taken by DSHS to containing pandemic influenza. This approach begins with a strong seasonal flu program to increase vaccination rates, improve surveillance, provide education, and develop best practices for treatment. Planning for antiviral use includes identifying target groups to receive these drugs, allocating and delivering antiviral drugs, communicating critical information, and monitoring the effects of antiviral drugs. The priority groups to get any available influenza vaccine or limited antivirals during an influenza pandemic may be different from the groups identified for influenza shots during a typical influenza season.

Texas had the opportunity to purchase the antiviral medications Tamiflu® and Relenza® at a deep discount, based on a low federal contract price. The Texas Legislature appropriated \$10 million in general revenue funds in 2007 to purchase additional antivirals for the state supply under the federal contract. This will purchase about 675,000 courses. About 1.5 million courses remain available to Texas for purchase at the federally subsidized price. This remaining amount has been offered to eligible local entities to purchase at the federally subsidized price.

However, there are important drawbacks to purchasing antivirals for stockpiling under this special federal contracting price. There are national policies that prohibit using medications bought on the federal contract for anything but a pandemic declared by the CDC and thus we are not allowed to rotate through the stockpile. Furthermore, since these antiviral medications have a limited shelf life of about five years, our inability to use antivirals purchased under the federal contract for seasonal flu or other illnesses when the fifth year draws close impacts our state's investment in these medications. Other factors include the uncertainty as to whether currently available antivirals will be effective against an emerging, unknown pandemic flu virus. Better and/or less expensive antiviral medications may become available between now and the start of a pandemic. These unknowns and limitations create a challenge in making the case that the purchase of antiviral medications is a good investment.

### *A Pandemic is Unique*

There are differences in health and medical responses required for a hurricane versus a pandemic influenza outbreak. A pandemic is unique in that this is a societal issue, and not just a medical issue. The state and local communities will have to adjust by modifying their normal medical and non-medical responses, such as employing social distancing measures like school and public closures and sheltering in place to counter spread of pandemic influenza. A number of other factors exist making a pandemic influenza response unique. That is why we believe that a multi-faceted, comprehensive approach will better prepare Texas for containing pandemic influenza.

One challenge is preparing for many different response scenarios, including the inavailability of vaccines and antivirals. People will likely need to change their behaviors to reduce illness and death. In the absence of an effective vaccine, "social distancing" will be a key tool in slowing the transmission of a pandemic influenza. "Social distancing" is a term which encompasses such things as school closures, cancellation of public events, working from home, minimizing travel on public transportation, and a range of other steps to essentially keep people away from each other to mitigate spread of the disease. The detailed decisions on such restrictive measures must be made locally. The need for social distancing will take on a greater importance as schools may need to close and activities such as shopping or large-group activities may have to be limited. Local communities might have to figure out how to maintain these restrictive measures for an extended period.

Texas is one of 18 states taking part in Social Distancing Public Health Law Project sponsored by the Association of State and Territorial Health Officials (ASTHO) in collaboration with the Centers for Disease Control and Prevention Public Health Policy Center (CDC). The project's goal is to assist states in assessing their legal preparedness to implement social distancing measures for both declared and undeclared public health emergencies. A careful review social

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distancing laws as they currently exist in Texas has already been done. We are working with state elected officials, other state agencies, along with private and other public partners to identify gaps, omissions, and potential conflicts between laws and if statutory changes are needed.

Worker safety is another issue that must be addressed. In responding to a pandemic influenza outbreak, the very workers that are responsible for helping to control the outbreak and care for the ill become at risk of being infected. More than that, workers who keep essential services such as food and water in supply are susceptible. For that reason, the federal government and states have purchased antivirals as one tool to help protect first responders, health care personnel and those essential infrastructure workers. Education of infection control practitioners is also critical to assessing potential exposure situations and preventing the spread of the disease in the healthcare setting to other employees and patients. Other worker safety supplies, such as masks, are important for response efforts, but are not something that we would normally stockpile for a typical disaster response.

In pandemic preparations, we must plan for a scenario where 30 to 40 % of the workforce is absent. A key effort will be continuity of operations planning. Planning for scenarios where such a large number of the workforce is not present represents a challenge for government and also for the private sector. DSHS has been involved in this effort on many fronts, including putting together a business summit and by working with other state agencies to coordinate the human resources policies of Texas state agencies in the event of a pandemic. More work is needed in this area to help educate our businesses and communities of the potential impact of a pandemic and strategies that will help mitigate its impact.

A final factor relating to the uniqueness of pandemic influenza response is the difficulty hospitals will have due to their limited surge capacity, especially in the area of intensive care. Because the pandemic occurs in waves and affects such a broad cross-section of our population, we can anticipate that even a mild pandemic would be a major stress on the medical/hospital system. Hospitals are a critical component of the response system in a pandemic flu outbreak and direct discussions with hospital organizations and their members is necessary to determine how this type of surge will impact the operations of hospitals.

## **Closing**

Despite the complexity and challenges that come with pandemic influenza preparedness planning, DSHS is always working to enhance the public health infrastructure across the state. That includes continued efforts to coordinate assessment and planning with not only our local partners, both public and private, but other neighboring states and Mexican Border States for prevention and containment of illnesses. The goal has been to ensure that Texas continues to build and enhance processes to provide public health response capacity at all levels in all communities. CDC Public Health Preparedness (PHP) funding over the last five years has allowed Texas to build an emergency response infrastructure in those areas where it did not previously exist and to enhance PHP programs in the larger metropolitan areas. As Texas' Public Health Preparedness and Response efforts have evolved, particularly with the threat of pandemic

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influenza, focus has shifted from building infrastructure to building response capacity in support of a program that has grown in sophistication and complexity. It is my hope that the federal government will give states the flexibility to be able to make the necessary adjustments to meet the diverse needs of its population and the continued support to build and maintain the capacity to protect our state and nation from an influenza pandemic.

Thank you for this opportunity to address you on a subject of great public health importance.

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