Pandemic Influenza Preparedness Subpanel
Update

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Subpanel Membership

- Dr. Gregory Poland (Mayo Clinic)
- Dr. Francis Ennis (University of Massachusetts Medical School)
- Dr. Joseph Silva (University of California, Davis)
- Dr. Michael Oxman (University of California, San Diego)
- Dr. Edward Kaplan (University of Minnesota)
- Dr. Mark Miller (Fogarty Center, NIH)
- Dr. Walter Dowdle (Emory University)
- Dr. Pierce Gardner (Fogarty Center, NIH)
- Dr. Clifford Lane (NIH)
- Dr. John Clements (Tulane University)
- Dr. David Walker (UTMB)
Background

• Select Subcommittee on Pandemic Influenza Response and Preparedness – established by Dr. Winkenwerder in late 2005

• Goals
  – Assist DoD in PI planning and response
  – Specific issues of concern include:
    • Epidemiology
    • Response
    • Vaccine
    • Antivirals
    • PPE
    • Surveillance
• DoD-specific
• Focus on areas within the DHB’s and DoD’s sphere of influence
• Focus on both immediate and future recommendations
• Focus on what’s feasible
Background

- Letter of Agreement (Dec 05)
  - Advisory role only
- DoD Pandemic Planning Overview (Jan 06)
- PI Scenarios (Jul 06)
- Role of Children in PI (Jul 06)
- DoD PI Response – Specific Planning and Research Recommendations (Mar 06, Jul 07)
- Use of 1203 H5N1 vaccine (Jul 07)
- Use of PPE (Jul 07)
- Recommendations on vaccine, antivirals, convalescent plasma (Jul 07)
- Recommendations on Southern Hemisphere Vaccine (Oct 07)
- Recommendations on Convalescent Plasma Therapy (Jun 08)
- Pandemic Influenza Preparedness Recommendations (May 09)
Specific Issues

• Anti-viral Recommendations
• Vaccine Recommendations
• DoD and Interagency Decision-making
• PI Research Recommendations
• Convalescent Plasma Recommendations
• PPE Recommendations
• Novel Flu Diagnostics Recommendations
• Antimicrobial Stockpile Recommendations
• Pneumococcal Vaccine Recommendations
• Phase I-IV Clinical Trial Recommendations
16 September 2009 Meeting

- Representatives present from Health Affairs, DHHS, and MILVAX
- Received updates concerning DoD preparedness and response in regard to the H1N1 pandemic
  - Pneumococcal and H1N1 Vaccine Plans
  - Antiviral and PPE stockpiles
  - Active and passive vaccine safety surveillance plans following H1N1 vaccination
Findings

• Nationwide collaborative efforts regarding H1N1 vaccine safety surveillance
  – DoD, HHS, and CDC
    • NVAC’s Vaccine Safety and Assessment Working Group (Poland and Garman)
  – Sharing of information in the effort to standardize and synchronize entries across different databases
  – Vaccine Safety Datalink as model for DoD data structure approach and statistical techniques to be employed
Findings

• Potential significant challenges in the event pandemic worsens include:
  – Availability of trained providers within DoD
  – Shortage of ICU nurses and supplies
  – Budget issues
Findings

• Recent activities undertaken by DoD include:
  – Standardization of definitions and risk windows
  – Identification of ICD-9 codes for surveillance foci
  – H1N1 vaccine three-phase surveillance study protocol submitted for IRB approval
  – Heightened active surveillance: DoD increasing expansion of rapid diagnostic platform for agent identification and confirmation
  – Pursuit of various communication approaches to inform providers and public and mitigate concerns regarding H1N1 vaccine safety
Findings

• Careful attention should be paid to diagnostic criteria and role of expert panel that would determine whether a case meets definition for a specific adverse event
  – Lessons learned from Guillain-Barré Syndrome experience

• Reiterate previous recommendation regarding ensuring essential resources be available in event of surge capacity
DISCUSSION