

Defense Health Board

Pandemic Influenza Preparedness Subpanel

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Vice-President, Defense Health Board
Chair, Select Subcommittee on PI Planning and
Response



Purpose

- Brief Background and Context
- Review of DHB PI Preparedness Recommendations
- Approval Vote



Members

Workgroup Members

- Dr.Poland (Mayo Clinic)
- Dr.Ennis (University of Massachusetts Medical School)
- Dr.Silva (University of California, Davis)
- Dr. Oxman (University of California, San Diego)
- Dr. Kaplan (University of Minnesota)
- Dr. Miller (Fogarty Center, NIH)
- Dr. Dowdle (Emory University)
- Dr. Gardner (Fogarty Center, NIH)
- Dr. Lane (NIH)
- Dr. Clements (Tulane University)
- Dr. 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



ROE

- DoD-specific
- Focus on areas within our 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 Plasmatherapy (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



Context

- Teleconferences
- Email
- Face-to-Face Meeting 8 May 2009
 - Representatives from all DoD branches, NIH, CDC, DoD-GEIS, Health Affairs, DHHS, NVPO
 - Update current situation in regards to H1N1 pandemic
 - Review prior recommendations
 - Resulted in 20 recommendations



- Heightened active surveillance
 - Change in severity of cases
 - Change in epi of cases
 - Change in antiviral sensitivity
 - Expanded surveillance in Mexico and Central America



Antivirals

- Follow current CDC guidance for use
- Special situations
 - Shipboard
 - Special Ops
 - Deployed forces
 - Congregated forces: Recruit Training, Service Academies
- Concerns with one drug approach
- Replenishment of supplies



- Special Populations
- New consideration of populations with specific needs
 - Children
 - Morbid obesity



- Research
 - DoD positioned to materially assist with advancing the science
 - Transmission (USAFA)
 - Antiviral efficacy and resistance
 - Surveillance (Drift)
 - Encourage DoD to actively fund and support research



Active Surveillance

- Heightened alert for case severity, changes in epidemiology, etc.
- Expand surveillance into Mexico and Central America
- Identify resources for focused Southern
 Hemisphere and equatorial surveillance is a priority
- DoD-GEIS funding is a concern in timely surveillance and response



- Interagency Interactions
- NORTHCOM, Canadian Command, and Mexican Command interactions to be encouraged and strengthened



Diagnostics

- Expand ability to diagnose A/H1N1 to more locations
- Insure continued or expanded throughput capabilities
- Development and dissemination of a diagnostic algorithm
- Anticipate confusion issues this Fall with concomitant seasonal virus circulation
- Approval of alternate diagnostic platforms should be accelerated – FDA approval



- Respiratory Disease Research
 - DoD-internal team needed for mission-critical clinical research and vaccine trials
 - Long-term funding needed



- Vaccine Trials
 - Assist in clinical trials of candidate H1N1 vaccines (DoD Infectious Diseases Clinical Research Program IDCRP)
 - Enhance collaborations with NIH, BARDA



- Vaccine Trials (reiterate October 2007 recommendations)
 - Review plan for use of vaccine
 - Consider differences in implementing 1 vs 2 dose schedules
 - Electronic record keeping
 - Insure active safety surveillance capabilities
 - Electronic data transfer and database
 - Establish reporting mechanisms
 - Panel would like to review vaccine admin priorities and plan



- Convalescent Plasma
- Reiterate May 2008 recommendations
- Collaborations with NIH, FDA, Pharma



- Pneumococcal vaccine
- Review and update prioritization and administration plans
- Conjugate pneumococcal vaccines in phase III trials and licensure expected in near future



- Surge Capacity
- Ensure availability of surge capacity of essential resources
- Consider manufacturer capacity limitations (vis a vis JIT ordering)



- Communication and Education needs
 - Providers of all levels
 - Active duty
 - Guard and Reserve components
 - Beneficiaries, retirees
 - Evaluate effectiveness of strategies



DISCUSSION