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
• 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
Specific 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
Specific Recommendations

- 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
Specific Recommendations

• Special Populations
• New consideration of populations with specific needs
  – Children
  – Morbid obesity
Specific Recommendations

• 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
Specific Recommendations

• 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
Specific Recommendations

• Interagency Interactions

• NORTHCOM, Canadian Command, and Mexican Command interactions to be encouraged and strengthened
Specific Recommendations

• 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
Specific Recommendations

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

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

• 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
Specific Recommendations

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

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

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

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