

JPMPG Review of the Defense Health Board Recommendations Regarding Pandemic Influenza Preparedness and Response

Informational Brief

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Chair

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Recommendations

The DHB recommendations on pandemic influenza preparedness and response were released on **11 Sep 2009**, and covered 6 topic areas:

- 1. Antivirals
- 2. Lab diagnostics
- 3. Surveillance
- 4. Research
- 5. Vaccine issues
- 6. Communications / Coordination

Antivirals

- DoD is following both FDA and CDC (ACIP) recommendations. (Recs a & b)
- Current DoD stockpiling follows national and international (WHO) recommendations (Recs c & d)
- Supplemental funding for antivirals and PPE has been achieved. Expanded antiviral availability with addition of Relenza and amantadine to local and strategic stockpiles. (Rec s)

Lab Diagnostics

- 2 DoD laboratories (NHRC & USAFSAM) were the first in the world to identify the novel H1N1 influenza. (Rec f comment)
- NHRC has expanded lab testing capacity by 3-5x (>15000); USAFSAM by 6-8x (>24000), nearly all sites with some DoD personnel have submitted specimens to one or both labs. (Rec h)
- Additionally 3 Army MEDCENs and 2 NEPMUs are now online providing testing (7 MEDCENs will be able to turn on once FDA approved assay available)

Lab Diagnostics (2)

- Testing algorithm has been in place before these recommendations (Rec i)
 - Sample only patients with ILI (fever of >38 C with cough or sore throat). Max 6-10 specimens per week per site
 - Favor hospitalized pts , antiviral resistant, and case clusters larger than 5 patients in high risk groups (e.g. deployed or trainees)
- USAFSAM has been at near 100% of samples sequenced for the hemagglutinin gene (Rec i)
- JBAIDs has been under EUA since August; validated at 5 CENTCOM sites by USAFSAM & NAMRU-3 since Sep (Rec j)

Surveillance

- Expanded number of countries in which there is influenza surveillance of host nationals (Rec f)
- DoD is actively involved in hospitalization surveillance, and provides info to CDC (Rec f)
- MILVAX, AFHSC, the FDA's Center for Biologics Evaluation and Research, and the CDC's Immunization Safety Office are coordinating safety surveillance on the new H1N1 vaccine (Rec q)

Research

- The Military Infectious Diseases Research Program held a meeting Sep 09 to evaluate need for a respiratory diseases research program (Rec k)
- The DoD has a long standing involvement in respiratory disease clinical research and epidemiology, including partnering with other agencies, e.g. CDC partner in cross-neutralizing antibody research (Recs e, l, o).
- NHRC and NMRC are actively involved in vaccine clinical trials (e.g. adenovirus 4/7; H1N1 DNA based vaccine) (Rec l)

Research (2)

- Some research is not military-unique and may be better accomplished in the civilian sector or as a collaboration (e.g. multidrug antiviral therapy) (Rec c)
- NMRC has funded a clinical trial in convalescent plasma therapy. Collaborating with NIH, USUHS, FDA, other Services to set up trial network (Rec m)

Vaccines

- DoD was involved in the initial decision-making. Plan was changed by POTUS (Recs p & s)
 - Original plan had allocations for DoD at each step, incl coverage for Guard/Reserve.
- Decision to use the vaccine was also national policy (Rec r)
- Draft policy on use of pneumococcal vaccine (23-valent polysaccharide) in review at ASD(HA) (Rec n)

Communications/Coordination

- DoD has coordinated with other agencies in surveillance, research, vaccine distribution, and communications (Recs g, l, t)
- The DoD watchboard, Pentagon homepage, MILVAX website, as well as DoD-sponsored Twitter and Facebook sites have provided
 - Vaccine availability and locations
 - 2009 H1N1 influenza clinical and prevention information

Questions

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BACKUP SLIDES

Defense Health Board (DHB)

- The Defense Health Board is a Federal Advisory Committee to the Secretary of Defense providing independent scientific advice and recommendations on health and healthcare research, operations, and delivery.
- The recommendations were developed from the Infectious Diseases Subcommittee of the DHB

Vaccine Safety

- MILVAX and the interagency team has evaluated over 800K Service members who have received the Novel A(H1N1) vaccine.
- There continues to be no increase in safety concerns compared to previous seasonal influenza vaccine campaigns.
- DoD is following 12 cases that may be associated with the vaccine: 4 thrombocytopenia, 6 bells palsy, 1 guillian-barre syndrome, 1 transverse myelitis. Note: these do not represent an increase compared to background, but are being followed for completeness.

Acronym List

- ACIP Advisory Committee on Immunization Practices
- AFHSC Armed Forces Health Surveillance Center
- ASD (HA) Assistant Secretary of Defense Health Affairs
- CDC Centers for Disease Control and Prevention
- CENTCOM U.S. Central Command
- DHB Defense Health Board
- DNA Deoxyribonucleic Acid
- DoD Department of Defense
- EUA Emergency Use Authorization
- FDA Food and Drug Administration
- ILI Influenza Like Illness
- JBAIDS Joint Biological Agent Identification and Diagnostic System
- JPMPG Joint Preventive Medicine Policy Group

Acronym List (2)

- MEDCEN U.S. Army Medical Center
- MILVAX Military Vaccine Office
- NAMRU-3 Naval Medical Research Unit, No. 3 (Cairo, Egypt)
- NEPMU Navy Environmental and Preventive Medicine Unit
- NHRC Naval Health Research Center
- NIH National Institutes of Health
- NMRC Naval Medical Research Center
- POTUS President of the United States
- USAFSAM U.S. Air Force School of Aerospace Medicine
- USUHS Uniformed Services University of the Health Sciences
- WHO World Health Organization