Feverish Activity: Global, National, and Local Lessons Learned from the 2009 H1N1 Pandemic

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Major Accomplishments

• First in the world to identify and sequence the virus
• Developed seed strains quickly
• Provided test kits for states and other countries
• Made vaccine available in record time
  – tested safety and effectiveness
  – licensed as a strain change
  – sent to more than 70,000 direct-ship-to sites
  – More than 116,000 providers signed agreements to receive vaccine and 10,000 retail pharmacy stores received vaccine
• Vaccinated more than 80 million people
  – Monitored safety using existing and new systems
• Created guidance for and reached out to every segment of the population
Where we went had a lot to do with where we were…

- **We had planned for a ‘different’ pandemic**
  - But planning let us ‘pivot’

- **Prior investments paid off**
  - Vaccine manufacturing capacity
  - Strengthened public health system
    - Surveillance
    - Lab capacity
    - Communication
    - Vaccination capability

- **Gaps we knew about (and those we didn’t) challenged us**
  - No one knew all the steps involved in making, delivering and administering vaccine, either domestically or globally
What we (re)learned

• Mother Nature is an effective bioterrorist
• All-hazards public health preparedness planning paid off
• Unprecedented, cross government, whole of community response is indeed possible
• Criticality of surveillance
• Building on day-to-day systems is a better strategy than starting something new in the heat of a crisis
• Need for faster, more robust MCM development and manufacturing
What we (re)learned

• The communications environment is changing dramatically
  — You can never communicate enough

• Addressing public concerns is key

• The health care system handled this one well, but would be challenged in a more severe pandemic

• Still not adequate international assistance framework and plans in place

• Financial crises have weakened public health and will leave us unprepared for the next emergency
Where we’re going

Numerous strategic and tactical issues raised in various AAR processes are being addressed through a renewed planning effort

• Budget preparedness
• Science response
• Implementing the results of the MCM review
  – Manufacturing
  – Sterility and potency testing for vaccine
  – Addressing antimicrobial resistance
• Building stronger seasonal (day to day) systems
  – Monitoring uptake, addressing disparities
  – Surveillance efforts that leverage the health care system
• Completing international assistance plans
• Ensure we are prepared for something we have never seen