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Statement of Rep. Henry A. Waxman Chairman, Committee on Energy and Commerce “H1N1 Preparedness: An Update of Vaccine Production and Distribution” Subcommittee on Health and Subcommittee on Oversight and Investigations November 18, 2009

I welcome these hearings on the H1N1 pandemic, and I commend Subcommittee Chairmen Pallone and Stupak for joining together to address the important issues involved.

The reports on H1N1 are sobering. As of last week, 46 states are now battling the disease. CDC estimates that perhaps 22 million people have been infected with H1N1; as many as 98,000 have been hospitalized; and about 4,000 have died, including about 540 children. This is a harsh reminder that we don't need a bio-terror attack or other manmade disaster to threaten our health and make us worry for our children.

In several ways, we have been well prepared. The federal government and states have been preparing for a pandemic for several years. Our surveillance worked and we were able to catch H1N1 relatively early in its spread. Federal and state governments have developed and exercised pandemic plans. Public education has been commendable.

There are five safe and effective FDA approved H1N1 flu vaccines now available, and FDA has the authority to issue Emergency Use Authorizations to allow for unapproved but promising drugs and other products to be used to prevent and treat H1N1 flu. The FDA has used this authority to make antivirals, diagnostics, and personal protective gear available in the fight against this flu.

But there are also clear gaps in our preparedness. We had widespread disease before we had vaccine, and vaccine supplies have been more limited than we had hoped. At the same time, hospitals and other healthcare providers have been stretched to capacity.

We know that the best way to protect ourselves from the flu, H1N1 or seasonal, is to get vaccinated. Because of this, the Obama administration contracted to purchase 195 million doses of H1N1 vaccine. The Administration also picked up the full costs to states of purchasing the vaccine. The hope was that a robust vaccine supply would arrive before infections began to soar

and everyone worked as quickly as possible to meet that goal.

These hopes were not met. The past several weeks have reminded us that the process of making flu vaccines is unpredictable and challenging. Millions of chicken eggs have to be injected with virus and then the virus has to grow. Unfortunately, this virus initially grew much more slowly than anticipated. This lag has caused most of the delay in producing and delivering needed vaccine supplies.

There is understandable frustration in the face of a growing number of infections and long lines at vaccination clinics. Parents are understandably concerned about getting their children immunized as quickly as possible. I want to make sure that everyone who needs the vaccine has access to it.

At the same time, there have been unprecedented levels of collaboration among federal agencies, the vaccine manufacturers, and the states. And according to experts, the manufacturers' ability to produce a vaccine within six months after identifying the virus is impressive.

These efforts, while significant, are not enough for those people who are still seeking immunization. I look forward to today's testimony so that we can understand where we are in the epidemic and the vaccination effort. We also need to learn how the process can be improved: both in the short term so that people can be protected from this disease as quickly as possible and in the long term so that when we face the next flu pandemic, we can be even better prepared than we have been this year.

I thank the witnesses for appearing today and I look forward to their testimony.