COMMITTEE ON ENERGY & COMMERCE
DEMOCRATS
RANKING MEMBER FRANK PALLONE, JR.

FOR IMMEDIATE RELEASE
November 19, 2015

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Statement of Ranking Member Frank Pallone, Jr., as prepared for delivery
House Committee on Energy and Commerce
Subcommittee on Oversight and Investigations
Hearing on "U.S. Public Health Preparedness for Seasonal Influenza: Has the Response Improved?"

Mr. Chairman, thank you for holding this hearing today. I think this is an important hearing on a topic of bipartisan concern.

While it is easy to get complacent about seasonal flu, it is important to remember that for many vulnerable Americans, seasonal flu can be dangerous and even deadly. Older Americans, pregnant women, and young children are all at heightened risk for flu complications, hospitalization, and death. Between 1976 and 2007, yearly estimates of flu-related deaths in the United States ranged from a low of about 3,000 to a high of 50,000.

Last year, we experienced a severe flu season. Across the country, hospitalizations were up. For people aged 65 and older, CDC recorded the highest hospitalization rates since they began collecting that data in 2005.

Seasonal flu remains a significant public health burden that requires considerable attention from our public health agencies. The tendency of flu viruses to change constantly results in challenges to our public health capabilities. We do not yet have the ability to predict in advance how severe a flu season will be, when it will peak, and what flu strains will dominate. There are also many things that we still don't know about why the flu vaccine is more effective in certain individuals, and how the health status of the individual may affect the body's immune response.

In addition, the lag time between the selection of the strains for the flu vaccine and the completion of the vaccine manufacturing process raises inherent difficulties. We saw this become a problem in the 2014-2015 flu season. The H3N2 virus strain that circulated during the flu season had become significantly different from the H3N2 virus that had been used to develop the vaccine, resulting in the reduced effectiveness of the vaccine.

But here's what we do know, and what we can all do. We can all get vaccinated. Under the Affordable Care Act, flu and other immunizations are required to be covered by your health

insurance without any copayments or coinsurance. I am going to get my flu shot today. It's free, and it's as easy as going to the pharmacy around the corner, so there are really no good reasons not to do it.

Annual flu vaccination continues to be the best method for preventing flu and its potentially severe complications in both children and adults. Getting the flu vaccine reduces flu-associated illness and adverse health outcomes. For instance, in the 2013-2014 flu season, vaccination prevented an estimated 7.2 million influenza-associated illnesses, 3.1 million medically-attended illnesses, and 90,000 hospitalizations.

Even in a year where the flu vaccine is less effective, flu shots still protect against and decrease the severity of flu-related illnesses. Moreover, flu shots don't only protect the vaccinated. Vaccinating yourself not only increases the odds that you won't get sick this season, but also protects everyone you come in contact with, such as your older parents, or your sister's new baby.

Unfortunately, many Americans still haven't gotten their flu shots. Although we have made great progress in getting children vaccinated, particularly young children, vaccination rates lag behind in adults, particularly in 18-64 year olds. I look forward to hearing from CDC about what strategies have been effective in improving vaccination rates in the past, and how we can continue to improve vaccination rates going forward.

Additionally, the mismatched vaccine during the 2014-2015 flu season highlights the need to improve our vaccine manufacturing process, as well as our capacity to conduct surveillance and virus characterization in cooperation with our global partners. I look forward to hearing from BARDA, CDC, NIH, and FDA about new technologies and initiatives to better detect emergent viruses, enhance vaccine effectiveness, and speed vaccine production.

I want to thank all the witnesses for coming today. I look forward to hearing from each of you about what your agencies are doing to improve flu surveillance, vaccine manufacturing processes, and vaccination rates.

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