

Opening Statement of Ranking Member Brett Guthrie
Subcommittee on Oversight and Investigations
Hearing on “Flu Season: U.S. Public Health Preparedness and Response”
December 4, 2019

As Prepared for Delivery

Thank you, Chair DeGette, for holding this hearing on such an important issue. This Committee has a long history of conducting oversight of the federal government’s response to the seasonal flu.

The flu is a leading cause of death in the United States. Thousands of Americans die from the flu every year, and hundreds of thousands of Americans are hospitalized. Last flu season alone, the CDC estimates that up to 42.9 million people got sick with the flu, up to 647,000 individuals were hospitalized, and up to 61,200 individuals died from the flu. Individuals 65 years and older accounted for 90 percent of the deaths and 70 percent of hospitalizations for the 2017-2018 flu season.

In light of this tremendous burden on our seniors, in February of this year, I, along with Republican Leaders Walden and Dr. Burgess, wrote to the CDC Director about whether the CDC is doing enough to improve flu vaccine coverage and to promote high-dose and adjuvanted flu vaccines.

While we examine how to improve the response to seasonal flu, we know the best way to prevent getting the seasonal flu is to get vaccinated each season. If you have not already gotten your flu vaccine this season, please go get your flu vaccine today.

Although the flu vaccine does not have the level of effectiveness of other well-known vaccines, it is absolutely better than doing nothing. The flu vaccine saves thousands of lives each year. The flu vaccine also helps reduce severe outcomes when someone does become sick with the flu. According to CDC data, about 80 percent of flu-associated deaths in children have occurred in children who were not vaccinated. Moreover, a 2017 study showed that the flu vaccine also reduces severe outcomes in hospitalized patients.

I have questions today on how we can continue to improve the flu vaccine. Preliminary CDC data shows that the seasonal flu vaccine was only 29 percent effective for the 2018-2019 flu season—the lowest it has been in a decade.

For more than seventy years, most of the flu vaccines administered in the United States have been made through an egg-based manufacturing process. We have seen some innovation over the last decade, however, with the introduction of new manufacturing methodologies using a cell or recombinant DNA technology.

Most of the flu vaccine doses distributed in the United States are still manufactured using the egg-based process. Indeed, the CDC estimates that about 82 percent of the projected vaccine supply produced for the 2019-2020 flu season will be produced using egg-based manufacturing technology while the remaining vaccine will be produced using cell-based and recombinant technology.

During a hearing in March 2018, Dr. Rick Bright, the HHS Deputy Assistant Secretary for Preparedness Response, testified that we could improve the effectiveness of our existing vaccines in four ways:

- (1) expand domestic capacity of the cell-and recombinant based vaccines;
- (2) enhance the effectiveness of flu vaccines with the addition of adjuvants or higher doses of antigen;
- (3) conduct clinical trials to expand vaccine use in all age groups; and
- (4) continue to modernize the vaccine production processes for speed and flexibility.

At that hearing, Dr. Bright noted that cell-based and recombinant-based technologies offer greater speed and flexibility than the traditional egg-based manufacturing process, and some studies have shown that they may also be more effective than egg-based vaccines.

For these reasons, I was pleased to see the President make modernizing and improving influenza vaccines a top priority through his Executive Order on September 19, 2019. Modernizing flu vaccines will help protect lives through prevention and promote public health and national security.

Pandemic and seasonal flu planning are interdependent, and our approaches to seasonal and pandemic influenza are inextricably interwoven. What we do in one area directly impacts the other area. For example, when we expanded our domestic manufacturing capacity for pandemic response, manufacturers then also had the capacity to include an additional flu strain in the seasonal vaccine—moving from a three strain to four strain seasonal vaccines for better coverage.

I appreciate the Administration's commitment to improving our flu preparedness. I welcome all of today's witnesses and look forward to today's discussion about how we can keep Americans healthy during flu season and improve our federal response to both pandemic and seasonal flu.