

Committee on Energy and Commerce
Opening Statement as Prepared for Delivery
of
Ranking Member Greg Walden

Flu Season: U.S. Public Health Preparedness and Response

December 4, 2019

Chair DeGette, thank you for having this hearing as we enter what typically is peak flu season.

Every year, millions of Americans put themselves at an increased risk of getting the flu because they do not get the flu vaccine. They also are increasing the risk that individuals who cannot be vaccinated, including young children who are not old enough to get the flu vaccine, will get the flu. If you have not gotten the flu vaccine yet this year, please go get it today.

If you think you may have the flu, please go see your doctor. There are antivirals available to reduce the symptoms you experience with the flu and shorten the duration of the flu.

Our senior citizens are the group at greatest risk of serious flu-related complications. According to the Centers for Disease Control and Prevention, people 65 years and older account for about 70 to 85 percent of seasonal flu-related deaths in recent years and between 50 to 70 percent of seasonal-flu related hospitalizations.

Seniors can get the regular flu shot or one of two flu shots that are specifically designed for people 65 years and older – the high dose flu vaccine and the adjuvanted flu vaccine. I, along with some of my fellow Republican members on the Committee, sent a letter to the Director of the CDC last February about improving flu vaccination coverage for seniors.

We asked whether a preferential recommendation from CDC's Advisory Committee on Immunization Practices (ACIP) for vaccinating adults 65 years of age and older with a high-dose or an adjuvanted influenza vaccine could reduce deaths and hospitalizations or even improve vaccination coverage. The CDC told us that they did not believe that there was adequate information on these vaccines to rise to a level of ACIP making a preferential recommendation.

Given what appears to be substantial evidence substantiating superior effectiveness for seniors with each of these alternatives compared to the standard dose flu vaccine and the preferential recommendations from other respected foreign health authorities for one of these alternatives, I want to explore the reasons for CDC's hesitancy about supporting a preferential recommendation when there is reason to believe it could help save lives.

I am also looking forward to hearing more about research efforts to improve the flu vaccine and hopefully develop a universal flu vaccine. A universal flu vaccine would provide

long-lasting protection against multiple seasonal and pandemic flu viruses, and I expect Dr. Fauci will update us on HHS' progress in implementing the Strategic Plan for a Universal Influenza Vaccine that was published in February 2018.

The President's recent Executive Order promotes the development of better flu vaccines, and I support its emphasis on the need to modernize the manufacturing process for the flu vaccine. The current egg-based manufacturing process that is used for most flu vaccine doses administered in the United States takes about 22 to 24 weeks to produce the flu vaccine. Earlier this year, advisors at the World Health Organization (WHO) delayed their recommendation for the H3N2 vaccine strain to include in the flu vaccine this year by a month, and there were concerns that this delay might affect the vaccine supply at the beginning of this season. Thankfully, the delay did not impact supply.

I look forward to today's discussion and hope to hear more about faster and more scalable manufacturing platforms, the role of antiviral drugs to mitigate the severity of flu, and the concern over possible drug-resistant flu strains. I want to thank all the witnesses for being here today. I greatly appreciate all your hard work and commitment to protecting public health.