

**Statement of Ranking Member Frank Pallone, Jr.
House Committee on Energy and Commerce
Subcommittee on Oversight and Investigations
Hearing on “Examining U.S. Public Health Preparedness for and
Response Efforts to Seasonal Influenza”**

March 9, 2018

Mr. Chairman, since 2010, influenza has caused millions of illnesses, hundreds of thousands of hospitalizations, and perhaps as many as 56,000 deaths throughout the country. This is a very serious issue that should concern all of us who play a role in advancing public health.

Right now, we are in the middle of a particularly bad flu season. According to the CDC, more than 23,000 people have been hospitalized this season, mostly due to the H3N2 strain of flu. Tragically, more than 100 children have already died this year.

Seasonal flu is particularly challenging for our public health agencies to address. Flu viruses tend to mutate and change constantly, and we do not yet

have the ability to predict in advance how severe a flu season will be, when it will peak, or what flu strains will dominate. There are also many things that we still do not know about why the flu vaccine is more effective for certain people, and how someone's health status may affect the body's immune response.

I am encouraged by the recent initiative announced by NIH which intends to study these very issues, with the goal of producing a universal flu vaccine that is effective against a broader range of flu strains. I know that the Biomedical Advanced Research and Development Authority (BARDA) is supporting vital research in this area, as well.

This is all critically important. And while we wait for the results of this research, we know that there is one thing we can all do to help stop the spread of the flu – we can all get vaccinated.

Thanks to the Affordable Care Act, flu and other immunizations are required to be covered by health insurance without any copayments or

coinsurance. It is free, and it is as easy as going to the pharmacy around the corner. So there is no good reason for Americans not to get a flu shot.

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.

This is true even in a year where the flu vaccine is less effective. For example, during the 2014-15 flu season, the vaccine was only 20 percent effective at preventing infection. Nonetheless, that vaccine formulation still prevented an estimated 1.6 million illnesses, nearly 50,000 influenza-associated hospitalizations and an estimated 1,500 deaths.

Moreover, flu shots do not 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, up to 60 percent of Americans were not vaccinated against the flu this year. I look forward to hearing from CDC about what strategies have improved vaccination rates in the past, and how we can continue to increase the rates going forward.

Additionally, the fact that the vaccine was only 36 percent effective this year highlights the need to improve our vaccine manufacturing process, as well as our ability to treat patients if they do become infected.

I look forward to hearing from today's witnesses about new technologies and initiatives to enhance the effectiveness of vaccines and of antiviral medications.

I want to thank all the witnesses for coming today. The work your agencies are doing is a key part of our nation's flu preparedness efforts. I look forward to hearing from each of you about what your agencies are doing to improve flu vaccine effectiveness, vaccination rates, and influenza treatment methods.