

**Opening Statement of the Honorable Greg Walden
Subcommittee on Oversight and Investigations
Hearing on “Examining the U.S. Public Health Preparedness for and
Response Efforts to Seasonal Influenza”
March 8, 2018**

Thank you, Mr. Chairman, for holding this hearing on the very important issue of public health preparedness for and response efforts to the seasonal influenza. America is experiencing a severe flu season with a predominant deadly strain. In a bad flu season, more than 50,000 people die, nearly as many as the nation lost during the Vietnam War. It is vital to find ways to reduce deaths and hospitalizations from this challenging virus.

This is the reason why the Committee has a long history of conducting oversight of the effectiveness of the flu vaccine and the federal government’s overall response to the seasonal influenza. During our last hearing in November 2015, we explored many important issues including how HHS could help improve our ability to respond to seasonal flu vaccine mismatch.

For more than seventy years, most flu vaccines have been made through an egg-based process. Over the last decade, we have seen some innovation in the manufacturing of the annual flu vaccine. FDA approved the first flu vaccine manufactured using cell culture technology in 2012, and FDA approved the first flu vaccine manufactured using recombinant DNA technology in 2013.

In addition to new manufacturing methodologies, we’ve also seen new types of flu vaccines available for Americans. Historically, flu vaccines have offered protection against three different strains of the flu virus. In 2012, however, FDA approved the first quadrivalent flu vaccine that offered protection against four different strains of the flu virus. In 2009, FDA approved the first high-dose flu vaccine for older adults and some data shows that the high-dose flu vaccine is more effective in older individuals than the normal dose.

Now that we have different ways to manufacture the flu vaccine, we need to ensure that we have enough data and information to make sure we’re making the most effective seasonal flu vaccine possible. FDA recently announced that preliminary data shows that the cell-based flu vaccine might be somewhat more effective in preventing the flu than the egg-based vaccine this season. We need to

understand why there might be a difference in effectiveness, so we can improve the vaccine manufacturing process if necessary.

As Subcommittee Chairman Harper appropriately emphasized in his opening statement, the annual flu vaccine is the best way to prevent the flu. Every year, thousands of lives are saved by the flu vaccine. According to the CDC, flu vaccination during the 2015-2016 flu season prevented about 5.1 million illnesses, 2.5 million medical visits, 71,000 hospitalizations, and 3,000 pneumonia and influenza deaths. That's a lot of people that were helped by the flu vaccine. Even with below average overall effectiveness, this year's vaccine was about 60 percent effective for children aged 6 months to eight years.

If you do get the flu, there are antivirals available to treat your illness. We look forward to hearing from CDC today about their education and outreach strategies to ensure providers and patients are aware of the importance of antivirals to treat the flu.

One day, we hope to have a universal vaccine and we're encouraged by the National Institute of Allergy and Infectious Diseases' recent release of a strategic plan for developing a universal flu vaccine. I know that we're still a long way from having a universal vaccine, but I'm looking forward to hearing updates from NIH today on our progress in achieving this goal and the challenges that we face in developing a universal vaccine. I'm also glad that we have BARDA here today to share information about their work in helping to develop better flu vaccines and improve seasonal and pandemic influenza preparedness.

I would be remiss if I didn't mention the related issues of pandemic influenza preparedness. Last year, the Committee wrote to HHS about the status of the Pandemic Influenza Plan, which had not been updated in quite some time. I was pleased that HHS released the updated plan not long after receiving our letter, and recognized that pandemic and seasonal influenza planning are interdependent because of the continually changing nature of flu viruses.

I appreciate the hard work and dedication of the people at HHS to protect Americans from the flu and its deadly consequences. I'm looking forward to our conversation today and to learning more about how we can continue to improve our preparedness for, and response to, the seasonal influenza.