



**Testimony before the Subcommittee on
Federal Workforce, Postal Service and the
District of Columbia
Committee on Oversight and Government
Reform
U.S. House of Representatives**

**Protecting the Protectors: An Assessment
of Front-line Federal Workers in Response
to the 2009-H1N1 Influenza Outbreak**

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Good afternoon, Chairman Lynch, Ranking Member Chaffetz, and other distinguished members of the subcommittee. I am Dr. David Weissman, Director of the Division of Respiratory Disease Studies in the National Institute for Occupational Safety and Health (NIOSH) at the Centers for Disease Control and Prevention (CDC).

I thank you for the opportunity to update you on current efforts that CDC is taking to respond to the ongoing 2009-H1N1 influenza outbreak, highlighting our efforts to protect federal workers who in the course of carrying out their duties to protect the American public have a greater chance of exposure to communicable illnesses.

Our hearts go out to the people in the United States, in Mexico, and around the globe who have been directly impacted. We share the concern of people around the country and around the globe. NIOSH is proud to be part of an aggressive response by CDC at the federal, state, local, tribal, and territorial levels to understand the complexities of this outbreak and to implement control measures. It is important to note that our nation's current preparedness is a direct result of the investments and support of the Congress for state and local pandemic preparedness, and the hard work of state and local officials across the country. Examples of the government-wide workplace pandemic planning efforts that prepared us for the current outbreak can be found at: <http://www.pandemicflu.gov/plan/workplaceplanning/index.html>.

It is important for all of us to understand that flu viruses – and outbreaks of many infectious diseases - are extremely unpredictable. As with any public health investigation, the overall CDC response has evolved as our investigation proceeds and we learn more about the situation. We

have seen an increase in the number of cases and the number of states affected, and we can expect more people and states to be affected. CDC is carefully monitoring the severity of illness caused by this virus and, while preliminary evidence is encouraging, we understand that this, too, could change. Our goal in our daily communication – to the public, to the Congress, and to the media – is to continue to be clear in what we do know, explain uncertainty, and clearly communicate what we are doing to protect the health of Americans. It has also been a clear priority to communicate the steps that Americans can take to protect their own health and that of their community. As we continue to learn more, these communications and our guidance to public health officials, health care providers, schools, businesses, and the public has changed and will continue to evolve.

Influenza arises from a variety of sources; for example, swine influenza (H1N1) is a common respiratory disease of pigs caused by type A influenza viruses. These and other animal viruses are different from seasonal human influenza A (H1N1) viruses. From laboratory analysis already performed at CDC, we have determined that there is a novel H1N1 virus circulating in the United States and Mexico that contains genetic pieces from four different virus sources. This particular genetic combination of the virus is new and has not been recognized before in the United States or anywhere else worldwide. As a result of our investment in pandemic preparedness, CDC was able to move within two short weeks to identify a novel virus, understand its complete genetic characteristics, and compare the genetic composition of specimens from U.S. patients to others around the globe to watch for mutations. CDC has also quickly developed and (working with FDA) deployed test kits for use in a widening network of laboratories. These steps, along with capacity in place as a result of effective planning, have

allowed for the rapid diagnostic and epidemiologic capabilities that have contributed to a clearer understanding of the transmission and severity of illness caused by the virus. These scientific accomplishments have provided the basis for an evolving set of responses that greatly enhance our nation's ability to address this threat.

CDC has determined that this virus is contagious and is spreading from human to human. It appears to spread with similar characteristics as seasonal influenza. Flu viruses are thought to spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth, nose or eyes. There is no evidence to suggest that this virus has been found in swine in the United States, and there have been no illnesses attributed to handling or consuming pork. There is no evidence that one can get the 2009-H1N1 influenza virus from eating pork or pork products.

I want to reiterate that as we look for cases, we are seeing more cases. We fully expect to see not only more cases, but also more cases of severe illness. Surveillance has been ramped up around the country to try and get a better understanding of the magnitude of this outbreak, and we are actively tracking the progression of this virus globally. It is important that we continue to be vigilant. The path of this outbreak may change; and one of the reasons we are tracking this virus globally is the need to be prepared for a possible return of this virus to the U.S. in the fall.

CDC has and continues to develop specific recommendations for what individuals, communities, clinicians, and other professionals can do. Everyone has a role to play in limiting the outbreak.

Individuals can take actions to prevent respiratory infections. Frequent hand-washing is something that we emphasize as an effective way to reduce transmission of disease. If you are sick, it is very important to stay at home. If your children are sick, have a fever and flu-like illness, they should not go to school or childcare. And if you are ill, you should not get on an airplane or any public transport to travel. Taking personal responsibility for these things will help reduce the spread of this new virus as well as other respiratory illnesses. These and other CDC recommendations for preventing and treating the 2009-H1N1 influenza are updated regularly and available to the public on the CDC web site – www.cdc.gov/H1N1flu.

During public health emergencies like the current 2009-H1N1 influenza outbreak, protecting workers, including federal workers, is a top priority. Like all of us, workers can contract influenza through general community exposures, and some workers – especially healthcare workers and emergency responders – are at higher risk for infection because their jobs, by definition, bring them into repeated, close contact with individuals ill with this virus. These workers represent a particularly high priority for prevention, both because of the potential for added risk and because it will be particularly problematic if they become unavailable through illness or reluctance to perform their duties.

NIOSH is leading a CDC team effort to minimize effects of the outbreak on working populations by developing and disseminating guidance regarding precautions to prevent work-related transmission of the illness. Guidance is informed by the hierarchy of controls used to reduce exposure: engineering, administrative and work practices, and personal protective equipment. Engineering controls include isolation, ventilation and physical barriers. Administrative and

work practice controls include social distancing, telecommuting, hand hygiene, cough etiquette, and training. Personal protective equipment (PPE) includes gloves, glasses, gowns, and respiratory protection devices. At any point in an evolving outbreak, specific guidance on the appropriate use of these controls is guided by our evolving understanding of the outbreak and the evidence of effectiveness of each control. If exposure should occur, guidance also addresses the use of antiviral treatment to prevent or treat disease. Finally, should a vaccine become available, recommendations for immunization will be developed and disseminated. Examples of guidance developed specifically in response to the 2009-H1N1 influenza outbreak include guidance for workers in healthcare, emergency medical services, laboratory settings, and the air transportation industry. All of these workplace-related guidance materials are available at <http://www.cdc.gov/niosh/topics/H1N1flu/>.

As part of the larger CDC response, NIOSH has also contributed efforts specifically directed to federal workers. We have tried to set an example by working aggressively to protect CDC's own workforce, emphasizing that employees who are ill or have been exposed to the 2009-H1N1 influenza virus should not come to work. CDC and NIOSH have also fielded questions and provided assistance to other federal agencies responding to this influenza outbreak. For example, very soon after the start of the outbreak, we were contacted by the Department of Homeland Security (DHS) and have been in regular communication with them regarding protection for U.S. Customs and Border Protection (CBP) port staff. This communication has centered not only on guidance for how DHS staff manage ill travelers, but also on protection of DHS employees. As new information about this 2009-H1N1 influenza virus becomes available,

CDC will evaluate its guidance and, as appropriate, update it using the best available science and ensure that these are communicated to DHS and other partners.

CDC also has responded to requests for guidance from other federal agencies:

- We met with the U.S. Postal Service (USPS) about measures for protecting its employees. NIOSH referred the USPS to the Occupational Safety and Health Administration's (OSHA) guidance on assessing occupational risk in pandemic situations (http://www.osha.gov/Publications/influenza_pandemic.html). We identified USPS employees who have frequent contact with the public – such as clerks and mail carriers – as falling into a medium risk group, a group for which CDC has not recommended respiratory protection. We recommended that these employees should, to the extent possible, maintain a 6-foot distance from customers and that the USPS could institute administrative controls such as hand washing and distribution of hand sanitizers and put in place barriers to protect clerks from coughs and sneezes.
- We responded to requests from the Department of Defense by providing guidance to the U.S. Navy on how to clean its ships to avoid spread of the 2009-H1N1 influenza virus, and by sharing with the U.S. Northern Command (USNORTHCOM) guidance used by the CDC Emergency Operations Center to protect CDC's own employees during this outbreak.
- We consulted with the U.S. General Services Administration (GSA), providing reassurance that the odds of transmission of the 2009-H1N1 influenza over significant distances through heating, ventilation, and air conditioning (HVAC) systems was extremely remote and that special cleaning of air ducts is not required.

As our prevention recommendations evolve, we will continue to work with other federal agencies to provide the best and most current possible guidance for federal workers.

CDC's response to the 2009-H1N1 influenza outbreak has benefited from a foundation developed over the past eight years. Since 2001, Congress has invested heavily in public health preparedness at the federal, state, local, tribal and territorial levels, and this investment has helped us to become much better prepared to respond to a range of hazards including disease outbreaks like we currently face with the 2009-H1N1 influenza virus as well as natural disasters and acts of terrorism. Using CDC preparedness funding, NIOSH established an Emergency Preparedness and Response Office, and we have greatly increased our focus and attention on the safety and health of emergency responders. This office pursues research and collaborations to better protect the health and safety of emergency responders by preventing diseases, injuries, and fatalities, and in an event like the current outbreak, this office coordinates NIOSH's response activities in conjunction with the CDC Emergency Operations Center.

NIOSH also conducts research to equip responders with critical personal protective technologies (PPT), such as respirators, chemical-resistant clothing, hearing protectors, and safety goggles and glasses. Building upon NIOSH's longstanding respiratory certification and evaluation program for respirators used in the traditional work setting, NIOSH scientists now test and approve respirators used by responders against chemical, biological, radiological, and nuclear (CBRN) agents. An important part of NIOSH's PPT research program focuses on pandemic influenza

and is guided by the Institute of Medicine 2008 report, *Preparing for an Influenza Pandemic: Personal Protective Equipment for Healthcare Workers*.

In closing, we are simultaneously working hard to understand and control this outbreak while also keeping the public and the Congress fully informed about the situation and our response. We are working in close collaboration with our federal partners, including our sister HHS agencies and other federal departments, as well as with other organizations with unique expertise that helps us provide guidance for multiple sectors of our economy and society. While events have progressed with great speed, this will be a marathon, not a sprint. Even if this outbreak yet proves to be less serious than we might have initially feared, we can anticipate that we may have a subsequent or follow-on outbreak several months down the road. Steps we are taking now are putting us in a strong position to respond.

The Government cannot solve this alone and, as I have noted, all of us must take constructive steps. Workplaces are critical to this effort. If you are sick, stay home. If children are sick, keep them home from school and childcare. Wash your hands. Take all of those reasonable measures that will help us mitigate how many people actually get sick in our country.

While we must remain vigilant throughout this and subsequent outbreaks, it is important to note that at no time in our nation's history have we been more prepared to face this kind of challenge. We look forward to working closely with you to address this evolving situation as we face the challenges in the weeks ahead.