April 27, 2022

The Honorable Rosa L. DeLauro
Chair
Subcommittee on Labor, HHS, Education, and Related Agencies
House Appropriations Committee
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, HHS, Education, and Related Agencies
House Appropriations Committee
Washington, DC 20515

Dear Chair DeLauro and Ranking Member Cole:

As you and your colleagues prepare the Fiscal Year (FY) 2023 Appropriations bills, we respectfully request that you prioritize funding for seasonal and pandemic influenza infrastructure in the Labor, Health and Human Services, and Education Appropriations bill.

The COVID-19 pandemic has demonstrated that the US is not adequately prepared for outbreaks of respiratory and other infectious diseases. While COVID-19 is the most prevalent public health threat, seasonal and pandemic influenza remain real and enduring challenges.

Every year, millions of Americans suffer from seasonal influenza, commonly known as “the flu,” which is caused by influenza viruses. Scientists must develop an updated vaccine annually based on surveillance and forecasting of which variants will be prevalent in the coming flu season. In an average season, between 12,000–61,000 Americans die from the flu. The annual response to seasonal influenza involves multiple federal, state, local, and private sector stakeholders and provides critical yearly training and lessons learned for pandemic preparedness.

Because of genetic changes in the virus circulating in human and animal populations, there is always the potential for an influenza strain to emerge that is particularly transmissible, deadly, and for which few people have residual immunity from a prior exposure. Pandemic influenza could prove even more deadly and economically devastating than COVID-19. Over a century ago, the 1918 H1N1 influenza pandemic infected about one-third of the global population, killing at least 50 million people. In fact, there have been four severe viral outbreaks of influenza in recent history: 1918, 1957, 1968, and 2009. Experts remain concerned that the next pandemic could be an influenza pandemic.

Knowing the threat means Congress must make a strong investment in programs that save lives through preparedness and innovative research, promote public health, and prevent economic harm of the same magnitude as COVID-19. We urge robust funding for seasonal and pandemic influenza infrastructure, including the following programs:
• **Assistant Secretary for Preparedness and Response (ASPR) Pandemic Influenza** to allow the Biomedical Advanced Research and Development Authority to invest in better vaccines and therapies.

• **Centers for Disease Control and Prevention (CDC) Influenza Planning and Response** to allow CDC to expand monitoring and evaluation of vaccine effectiveness and increase genomic testing of influenza viruses.

• **Strategic National Stockpile (SNS)** to maintain the current inventory of products and support replenishment of all FDA-approved medical countermeasures, including flu antivirals.

• **Hospital Preparedness Program (HPP)** to expand hospital systems’ preparedness efforts, such as regional coordination, training and exercises, and procurement of local equipment and supplies.

• **Universal Flu Vaccine Research** to support basic and applied research at the National Institutes of Health to develop a universal flu vaccine or prophylaxis, which would provide protection against multiple subtypes of flu, rather than a select few.

• **CDC Section 317 Immunization**, which plays a critical role in achieving national immunization coverage targets and reductions in disease.

• **CDC Public Health Emergency Preparedness (PHEP) Program** to enhance PHEP’s ability to provide personnel support, expertise, and best practices to state and territorial health departments.

• **CDC Infectious Disease Rapid Response Reserve Fund (IDRRF)** to ensure that the CDC will have the initial resources it needs to respond immediately in a future infectious disease outbreak.

• **CDC Public Health Data Modernization** to enable timely, accurate, and secure exchange of data for all diseases and conditions, including seasonal and pandemic influenza.

ASPR, NIH and CDC are critical to ensuring that the nation can rapidly, efficiently, and effectively respond to pandemic and seasonal flu threats. We urge you to prioritize these programs and look forward to working with you in crafting the FY 2023 Labor, Health and Human Services, and Education Appropriations bill.

Sincerely,
Susan Wild
Member of Congress