COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE ON PUBLIC HEALTH and HUMAN SERVICES

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Room 400, City Hall
Philadelphia, Pennsylvania
Wednesday, October 28, 2009, 3:10 p.m.

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Res. 090363 - Calling on City Council Committee on Public Health and Human Services to hold hearings to investigate the City's response strategies to the public health risks posed by the spread of swine flu.

Res. 090596 - Being held.

COMMITTEE MEMBERS PRESENT:

Marian B. Tasco, Chair
Blondell Reynolds Brown
James F. Kenney

Also Present: Councilwoman Jannie Blackwell

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COUNCILWOMAN TASCO: Good afternoon. The Committee on Public Health and Human Services will come to order. Councilwoman Brown is here, and others will join us.

And since this is a resolution, we will not be voting on any matter relative to the resolution, so we do not have to establish a quorum at the time. Some of our Councilmembers have been here all morning also.

But we are here to gather information, so I will ask the clerk to read the bill -- the resolution.

THE CLERK: Resolution 090363, a resolution calling on the City Council Committee on Public Health and Human Services to hold hearings to investigate the City's response strategies to the public health risks posed by the spread of swine flu.

Resolution 090596, a resolution authorizing City Council's Joint Committees on Public Health and Human

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Services and Public Safety to hold a public hearing to investigate current policies, procedures, and standards in all schools located in the City of Philadelphia to protect the health, safety, and general welfare of our students from contagious viruses such as the H1N1 (swine) flu.

COUNCILWOMAN TASCO: Thank you very much.

I will note for the record that Resolution No. 090596 will be held. We'll just hear testimony today on Resolution 090363.

And the Chair calls on Councilwoman Blackwell for an opening statement.

COUNCILWOMAN BLACKWELL: Good afternoon. Thank you all for being here and for your patience. You saw we were trying to rush as much as we could, and I apologize for holding all of you busy people up for this discussion, especially given the nature of it; I know you need to

be back in your respective hospitals.

I would like to offer a special thanks to our panel of health professionals, including:

Dr. Donald F. Schwarz, our deputy mayor for health and opportunity, as well as our health commissioner.

Dr. Richard Scarfone, MD, Children's Hospital of Philadelphia.

Dr. Neil Fishman, MD, University of Pennsylvania Health System.

Dr. Marla Gold, MD, Dean of the School of Public Health, Drexel University.

Mr. Jim Hunter, Manager for Infection Control, Mercy Hospital of Philadelphia.

Mr. Ben Gollotti, Chief Security Officer and Mr. Steven L. Sheaffer, Vice Chair, Experimental Learning, University of the Sciences of Philadelphia.

These and all of you dedicated professionals and the organizations you represents, we appreciate you for agreeing

to participate in this hearing.

Your testimony will help inform our discussion on the transmission and treatment of H1N1 infection and provide guidance on ways to prevent its spread.

I apologize for us not contacting the committed and dedicated president and CEO of the Philadelphia College of Osteopathic Medicine, Dr. Matthew Shore.

I will abbreviate my opening comments because we just don't have time, and we would like to hear from you.

The initial outbreak of swine flu, or properly known as "the 2009 influenza A (H1N1) strain," began in April 2009 with generally isolated cases, and even those cases were mostly associated with people who had recently traveled to Mexico or come into contact with someone who had.

On April 30, 2009, before there were any confirmed cases in Pennsylvania, we introduced Resolution No. 090363

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calling for hearings on the City's strategies for responding to the possible outbreak and spread of this virus.

Since April of 2009, there have been 70 confirmed cases in Philadelphia, with 11 still under investigation and according to recent reports.

As of last week, the Philadelphia Health Department's Division of Disease Control reported that one Philadelphian, an adult female, died from complications related to H1N1 infection.

Now, according to the World Health Organization, the disease has developed into a pandemic worldwide disease and is widespread in 47 states in the United States.

In fact, on October 24, 2009, as all of us know, President Obama signed a proclamation that declared the 2009 H1N1 influenza pandemic a national emergency.

We will stop there. I will make the rest of my statements available to the chief clerk to be part of the record.

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And what I would like to do, if it's okay with the Chair, is read the questions into the record. And since you are here, anyone can respond on any aspect so we don't hold you up, and we're happy to take any information you can provide.

They are as follows -- is that okay, Madam Chair?

COUNCILWOMAN TASCO: That's fine. And just let me recognize Councilman James Kenney who has joined us.

COUNCILMAN KENNEY: Thank you.

COUNCILWOMAN BLACKWELL: Thank you. Thank you, Councilwoman.

I'll read the questions and then we're finished. And then we will call on our Dr. Schwarz, and then I'm finished.

Some of our questions are:

What are your surveillance systems for tracking when and where people are infected? And based on your surveillance, when and where are they?

And how many people are you seeing in your respective institutions?

especially if you're a hospital.

And what are -- who are they, the demographics: age, sex, race, et cetera?

And how many require hospitalization? since we know that most people don't.

Are enough people being vaccinated? Do you even have the vaccination?

And Doctor -- I won't refer to Dr. Schwarz's testimony; he will deal with his doses of vaccine and if it's adequate and when he expects to get more.

And what are the risks and benefits of nasal spray?

Can a person get swine flu from the vaccine?

Are their risks and benefits to other additives?

And what has the effect of this national emergency being declared, how does that affect you and your respective organizations and agencies?

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That's it for me, and I will turn this chair back to the Chair to call on Dr. Schwarz.

Thank you, Madam Chair.

COUNCILWOMAN TASCO: Thank you very much.

Would any other member of the committee like to make a comment or add to the list of questions that have been proposed by Councilwoman Blackwell?

(No response.)

COUNCILWOMAN TASCO: And if you don't have them now, we can certainly interrupt and ask those questions later. The questions may be triggered as we go along with the discussion.

The Chair welcomes and recognizes Dr. Schwarz.

DR. SCHWARZ: Good afternoon, members of the committee, Chairwoman Tasco.

I am Donald Schwarz, Health Commissioner for the City of Philadelphia, and I thank you for the opportunity to

present testimony today on Resolution No. 090363 dealing with the City's response strategies to the public health risks posed by H1N1 swine flu influenza.

I'm going to abbreviate my remarks; you have my written comments. And I will try to both highlight specific points in them which seem particularly relevant to Councilwoman Blackwell's comments. And then I will directly address a number of her questions.

As you've heard, H1N1 has been circulating worldwide probably since April of this year.

We have recognized that one uniqueness of 2009 H1N1 influenza A is that it particularly strikes vulnerable children and pregnant women. And unlike what we call "seasonal influenza," the elderly have been relatively not susceptible to this virus, which is an important piece in interpreting what you're going to hear and understanding the strategy that the City has undertaken to

date.

COUNCILWOMAN TASCO: The councilwoman just said there's something good about being old at this point today.

(Laughter.)

DR. SCHWARZ: As part of the Department of Public Health, the Division of Disease Control, whose head, Dr. Carolyn Johnson, is here with me today, oversees prevention, timely reporting, and control of diseases and conditions that are contagious and/or affect the public's health. Over the past months, the division has focused on planning and implementing control strategies to help mitigate the impact of H1N1 in Philadelphia.

The goals for that work are simple: to prevent death and complications, limit transmission of infection, protect the most vulnerable, and promote continuity of operations for government service and business.

There are five key strategies

that we've undertaken:

One is surveillance, which you'll hear more about from our hospital partners.

Two is health care information so that we can provide disease-related information to providers and others, including the public.

An infection control plan, which we do on the county level, in collaboration with the state.

Vaccine distribution program, which has been asked about and I will mention, including the fact that we expect to handle ultimately more than 500,000 doses of H1N1 for residents.

And an education and communication plan, which is outlined in my testimony.

The department is following CDC guidelines for prioritizing those who should be vaccinated for H1N1. According to the CDC guidelines, those who should get the vaccine include:

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All people, from six months of age through 24 years of age;

Pregnant women;

Health care and emergency-services personnel;

People who live with or care for infants under six months of age;

And any person who has a chronic condition that puts them at higher risk of influenza complications.

The 2009 H1N1 influenza A has again emerged in Philadelphia after a quiet period this summer, causing significant rates of illness in children and overloading local health-care providers and hospitals.

Our key means of preventing infection is clearly vaccination with the new H1N1 influenza vaccine. Unfortunately, the vaccine, as we've heard in the news, has been slow to arrive.

New vaccine has been developed based on exposure to H1N1 virus in the spring. The department has been working

with area public health officials, the State Health Department, the federal Centers for Disease Control, and regional health-care providers to ensure that the vaccine is distributed rapidly when it becomes available.

Since the burden of disease in Philadelphia is being felt most amongst our youngest citizens, we have prioritized schools as a site for distribution. I have to say I believe it's the first time in more than thirty years that the City has immunized children through its schools.

Just last week, the Health Department successfully kicked off a citywide program of vaccine distribution in schools. Now more than 10,000 children have received vaccine as of today through schools.

In addition, vaccine is now being delivered to a network of immunization providers across the City. Doses of vaccine can arrive on a daily

basis.

To date, the department has been allocated -- and it's different from your testimony because we updated it today -- 103,000 doses of vaccine. Of that number, 58,500 doses have been distributed to health-care providers, 20,000 doses are being held for our school immunization program, and most of the rest of the supply has been distributed to pediatric and prenatal-care providers.

Eventually, the vaccine distribution network will consist of 500 sites across the City, each of which has to be registered with the state, according to federal guidelines. Many of those will serve the needs of persons without regular access to health care and the uninsured.

It's my sincere hope that we will have access to adequate vaccine supplies in time to interrupt the course of this epidemic in Philadelphia.

I thank you for allowing me to present testimony on this important issue.

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I just want to be clear that the number of doses, as per question eight from Councilwoman Blackwell, now is over 100,000. And we are distributing through a series of different sources, as I mentioned.

We expect that we will continue to receive vaccine on a daily and weekly basis. And we expect now, based on federal production information, that it won't be until the middle of November before we catch up likely with demand for vaccine.

I want to specifically respond to the issue of nasal spray. The issue of nasal -- the nasal form of immunization is an important one.

There are two forms of vaccine. One is a live virus that has been altered genetically so that it can't infect people in a bad way. So it's a tame virus, if you think about it.

That tame virus is given to people in the intranasal form. And

because it's a live virus, it can't be given to anyone who is immunologically at risk. So we don't give it to very young children, we don't give it to older folks, we don't give it to those who have immune problems or chronic illness.

There is an injectable form, which is like many of the vaccines that we all experienced when we were younger that is a killed vaccine. So it has only dead organisms or parts of organisms in it, and that vaccine is administered by an injection.

For the majority of people who are at risk in the City, it is the injectable form that is preferable because, remember, risk for this disease is defined by young age and by vulnerability from chronic illness, and those are specifically the folks who shouldn't be receiving the intranasal form. The intranasal form was the first to come to market.

So as a result, we have plenty

of intranasal vaccine. We have a great shortage of the injectable, although it is now coming onto the market.

And can a person get swine flu from the vaccine? The answer is no, but people who are immunocompromised can have symptoms and become ill from the vaccine. Someone with a healthy immune system should not if they receive a live form of the immunization; that is the nasal form.

That's why we're very careful about who receives which type of immunization, and it's one added complexity that all of the health-care providers in the City have had to be attentive to, in particular the Department of Public Health and the State Department of Health, because we are the ones who are distributing the vaccine.

COUNCILWOMAN TASCO: Let me ask you a question. I don't know how the Councilwoman wanted us to do this, but are you -- are colleges and universities included in this whole -- in this 103,000

doses?

DR. SCHWARZ: They are.

COUNCILWOMAN TASCO: Do you share that with them?

DR. SCHWARZ: They are and --

COUNCILWOMAN TASCO: So the distribution comes from the Philadelphia Public Health Department to the colleges and universities.

DR. SCHWARZ: That is correct. Each of the 500 providers have been asked to order vaccine. Each type of provider will select the kind of vaccine that it prefers to receive. And depending on what we receive when, providers are receiving vaccine in small amounts as it comes in.

So to date, we've received about 20 percent of all the ordered vaccine for the city. So we are behind by about two, two-and-a-half weeks from where we had hoped to be at this point because there simply hasn't been vaccine supplied.

That's why, by the middle of November, we expect to be at almost the

midpoint of vaccine distribution, and we expect to have enough that people will have much easier access than they do currently.

COUNCILWOMAN TASCO: Councilman Kenney of the.

COUNCILMAN KENNEY: Thank you, Madam Chair.

Dr. Schwarz, you were kind enough to do so my class at Penn on Saturday, and we had an interesting discussion about H1N1. And you said something that I'd like you to repeat here so that it's promulgated within the media potentially, and that is: Except if you are very young or vulnerable or pregnant, if you get the swine flu, you have --

DR. SCHWARZ: Influenza.

COUNCILMAN KENNEY: -- the flu.

DR. SCHWARZ: Now, we know that there are folks who we don't expect to get this virus and have a very severe case.

COUNCILMAN KENNEY: Okay.

DR. SCHWARZ: But for the

average person, it is a very rare occurrence for someone to get seriously ill with this virus. It is like regular influenza.

There was much press in the spring about super influenza because the swine flu that the nation knew in 1918 was a very serious form of the virus. We don't expect that based on international studies to date.

COUNCILMAN KENNEY: So for not-at-risk folks, hand-washing, gargling just being careful, sneezing into your elbow, should be enough.

DR. SCHWARZ: Absolutely.

COUNCILMAN KENNEY: Okay, thank you.

COUNCILWOMAN TASCO: If one is traveling to Mexico or any other country, should they -- even if they're older, should they have the vaccination?

DR. SCHWARZ: Not unless someone is in a risk group. We don't any longer say that there's a country around the

world where you shouldn't travel to or worry about travel. Travel itself is probably as risky as going to an individual place.

So we are now seeing that good hygiene is important and that people who are in risk groups should be immunized.

COUNCILWOMAN TASCO: Okay. Councilwoman Blackwell.

COUNCILWOMAN BLACKWELL: Thank you.

I would just like to ask you: Will there be, or do you anticipate there might be at sometime, an opportunity for City employees who were immunized last year in Room 202 to have that opportunity again?

DR. SCHWARZ: So that's seasonal influenza vaccine as opposed to H1N1 vaccine.

COUNCILWOMAN BLACKWELL: All right.

DR. SCHWARZ: The seasonal influenza vaccine has also been delayed

because the manufacturer also has to make H1N1 immunization. And as a result, there was an initial supply of the seasonal influenza vaccine, which has now been delayed particularly for distribution through the city.

So we are ultimately hopeful that we will be able -- we have been doing our flu clinic at the City health centers. And for those who are eligible, we're happy to do it in City Hall, but we have to get enough vaccine to do that.

COUNCILWOMAN BLACKWELL: Thank you.

COUNCILWOMAN TASCO: Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you.

Is it possible for an individual to get both?

DR. SCHWARZ: To get both forms of influenza --

COUNCILWOMAN BROWN: The H1N1 and the seasonal flu.

DR. SCHWARZ: The infection?

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COUNCILWOMAN BROWN: Yes.

DR. SCHWARZ: Theoretically, yes.

COUNCILWOMAN BROWN: Okay.

DR. SCHWARZ: Remember, we don't have seasonal flu circulating at the moment; it's H1N1.

So if someone were to get H1N1 now, by February or March, they could be susceptible to seasonal influenza.

COUNCILWOMAN BROWN: And what is the defining difference between the two; there is one?

DR. SCHWARZ: There -- just as everyone thinks of the flu as a hardship of life, and lots of people -- and probably everyone has had it at some point, H1N1 is regular influenza from the point of view of symptoms. It's just the populations who are at risk that are different.

COUNCILWOMAN BROWN: I see.

DR. SCHWARZ: Younger people with H1N1, older folks with seasonal

influenza.

COUNCILWOMAN BROWN: Right.

DR. SCHWARZ: But those with chronic illness as among other conditions are at risk for either one or both in a serious way.

COUNCILWOMAN BROWN: I've never heard it that way, in a way that I could understand. So thank you.

DR. SCHWARZ: I'm happy to be helpful.

COUNCILWOMAN TASCO: Councilman?

COUNCILMAN KENNEY: Thank you.

Just to add on to that, as you did the other day, could you explain why folks our age are less likely to get it?

DR. SCHWARZ: The type of influenza, H1N1, is called the pandemic because it's being reintroduced into the human population in a major way at this time.

But it's been around before. You know, it was here in 1918. And, in fact, it sort of left the population in

large numbers at the end of the 1950s, early 1960s.

So anyone who was alive in and before 1960 probably has been exposed to H1N1 and has some degree of immunity. It's only those folks who are younger, who haven't had the experience of having the disease, who are particularly at risk, and young children in particular, because they have not seen this virus before.

COUNCILMAN KENNEY: And it's a bad subject but public-health issues like this are very interesting and complicated.

COUNCILWOMAN BROWN: They are that.

DR. SCHWARZ: I believe they're fascinating and I also think they're critically important.

Thank you.

COUNCILWOMAN BROWN: Thank you very much.

COUNCILWOMAN TASCO: Thank you very much.

Doctor, do you have anything

else to say?

(Dr. Schwarz shakes head.)

COUNCILWOMAN TASCO: Okay, thank you very much.

DR. SCHWARZ: Not unless you have other questions for us. We'll stay.

COUNCILWOMAN TASCO: Who's going to be next? Come in any order as you like.

(Witness comes forward.)

COUNCILWOMAN TASCO: Good afternoon.

DR. SCARFONE: Hi. Good afternoon.

COUNCILWOMAN TASCO: Just identify yourself for the record.

DR. SCARFONE: Yes. My name is Richard Scarfone. I'm a physician in the emergency department at the Children's Hospital of Philadelphia, and I also serve there as the medical director of emergency preparedness.

And thank you for this chance to speak to you and share with you our

hospital's experience with pandemic influenza.

First I'd like to focus on the rather significant that the novel H1N1 virus has had on our clinical services. So I'll start in the emergency department.

Since last Monday, so about ten days ago, Monday, October 19th, we've been averaging almost 400 patients per day arriving for emergency department care in a 24-hour period.

In a typical October day, we usually see about 225 patients. So that represents about a 65 percent increase. In fact, on Monday of this week, just two days ago, 524 patients arrived for care in 24 hours.

I should emphasize, however, that the vast majority of these patients, those who had influenza-like illness, flu-like symptoms, were really mildly ill. There were very few patients who were severely ill, and fewer still who required hospitalization.

The virus, although it is has had a significant impact on our outpatient services, as I just outlined, has not to date had a significant impact on our inpatient services. So although our intensive care unit and our floor beds are full with patients, we have not exceeded our capacity for inpatients.

And similarly, our outpatient clinics are moderately busy. They're receiving lots of calls from worried parents, and they have moderate increases in patient volumes.

Next, I'd like to outline for you some of the steps that we've taken to meet this challenge that has been created by this surge of parents.

We've opened and staffed our incident command center every day since October 19th. In fact, on certain days, we've met twice a day. So the command center is a group of hospital leaders that gets together and tries to make decisions about hospital operations to help manage

this.

Since the spring, we've undertaken a program of stockpiling materials. So we've purchased gowns and gloves and masks and antiviral medication; we've secured extra beds and patient monitors. Anything that we can think of, both medical and nonmedical, to care for increased numbers of patients.

In our emergency department, we've created separate waiting areas so that patients who have flu-like symptoms can be separated from those who do not have flu-like symptoms. So we're actually using part of our hospital lobby as a waiting area. And those who do have flu-like symptoms, we're asking them to wear masks while they're in the waiting room to try to prevent spread.

In the emergency department, we've been using nontraditional spaces. We've recognized that the number of beds that we have in the emergency department is not adequate to meet this demand, so

we've used non-traditional spaces that are adjacent to our emergency department, mostly in the form of outpatient clinic space, to manage ED patients.

An important initiative was redeploying physicians and nurses. So physicians and nurses who typically work in other areas of the hospital have been deployed to the emergency department to help manage the patient needs.

We've also canceled educational activities to free up people's time and have them focus on clinical response.

With respect to hospitalized patients, we've created a new team of physicians and nurses to care for patients. This allows us to accommodate more patients than we otherwise would be able to.

We've had a number of initiatives to try to educate the public, including a website.

We have a hotline set up in which patients can call and hear a

recorded message to be educated. If you'd like -- is it appropriate for me to give out the hotline for the public record? So it's 877-480-2467 and --

COUNCILWOMAN TASCO: Say that one more time more slowly.

DR. SCARFONE: Sure. It's 877-480-2467.

And so the public can call that number and hear a recorded message outlining for them what H1N1 is and signs and symptoms to watch out for and proper steps to take.

Thankfully, employee absenteeism has not been a significant problem for us, so our health care workers are not becoming ill and not missing work to date.

And then, finally, as an initiative that we would consider if the demand increases even greater than it is now, we would consider deferring elective procedures, elective surgeries, elective admissions. So a small proportion of the inpatients that we have in our hospital

come in for elective procedures, and those might need to be delayed or deferred.

I'm going to finish up by speaking about medical management. I think it's important for the public to use good judgment about when to utilize emergency medical resources.

We urge the public to not panic. As Dr. Schwarz pointed out, we are in a pandemic, and what that simply means is that there's a worldwide spread of this virus.

So pandemic does not speak to the severity of the virus. Pandemic does not mean that this particular virus is severe or causing severe illness; it simply means that it has spread in a worldwide way. So lots of people are susceptible to it.

So simply stated, children with fever and cough do not need to come to the emergency room. The vast majority of patients cared for in the ED with flu-like symptoms are not tested for the virus and

they don't receive antiviral treatment.

And the reason for that is, it's not possible to impact on a mild course of disease. If the disease only lasts two or three days, then treatment is not going to shorten that course of illness.

And so, families are coming to the ED in the numbers that I described. They're waiting a very long time. And at the end of that visit, they're being told what I'm telling you right now, which is, this can be managed with Tylenol or Motrin, fluids and rest. They should avoid returning to school and they should avoid returning to daycare until their fever has gone away for at least 24 hours.

Having large numbers of patients coming for emergency medical services creates a situation in which resources are diverted from those who truly need them.

On the other hand, there are certainly some children who very definitely should receive and should seek emergency care. This includes those with

flu-like illness who have respiratory distress or wheezing, who have signs of dehydration, or who have a high-risk medical condition.

In summary then, area hospitals, including ours, are experiencing unprecedented demands on clinical services.

I'm very grateful to hear the efforts that are being taken by the Philadelphia Department of Public Health in the way of vaccination. I agree with Dr. Schwarz that there's no more effective public-health strategy to contain this outbreak.

I would continue to urge educational efforts in the form of perhaps public service announcements or mailings to educate the public about proper steps to take in response to this virus.

And I thank you for your time.

COUNCILWOMAN TASCO: Thank you very much.

The Chair recognizes Councilman

Kenney.

COUNCILMAN KENNEY: Thank you, Madam Chair.

Doctor, is there a possibility that -- I would assume that CHOP is getting the brunt of the ED traffic because it's a children's hospital.

DR. SCARFONE: Right.

COUNCILMAN KENNEY: Are you aware of any other hospitals that are also getting a bump as opposed to, say, a small community hospital that may not have much traffic.

DR. SCARFONE: Right, right.

I can't speak to hospitals who care for adults but we've been in very close contact with leaders at St. Christopher's Hospital for Children as well as DuPont down in Delaware, and their experience is identical to hours.

COUNCILMAN KENNEY: Do we have the capacity with a kind of a joint operation with the Department of Public Health and CHOP and Chris or whoever else

to set up something outside ED in proximity to the ED that would allow for a lower-cost triage of patients who come in with these symptoms before they enter into your door and go through the registration process and all the costs associated with that?

DR. SCARFONE: Right, right.

COUNCILMAN KENNEY: And then you'd be able to weed out those who really do need to come in the room.

DR. SCARFONE: Yeah.

COUNCILMAN KENNEY: Is that practical or not?

DR. SCARFONE: Well, internally, we have created a system that is similar to the one you're describing. So once it's identified that patients are pretty mildly ill based on their triage level, they are being cared for in area that's adjacent to the emergency department, but it's still utilizing our staff and our services.

COUNCILMAN KENNEY: Right.

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DR. SCARFONE: I think your point is, one, a model that would take them away from that setting and decentralize things.

One of the problems that we face with that is there are federal regulations and TALA (sp?) rules that would state briefly or to summarize that once patients arrive seeking emergency medical care, that that care needs to be provided.

And so, it would not be possible for them to then be diverted away from the emergency department.

COUNCILMAN KENNEY: No, my thought is that they're trying to get around the technicality -- is this Hill Burton? I guess the Hill Burton Act was the act that requires you to treat people --

DR. SCARFONE: Yes, yes it is.

COUNCILMAN KENNEY: -- whether they're insured or not.

DR. SCARFONE: Yes.

COUNCILMAN KENNEY: My point is,

if they're going into a facility that is adjacent but not exactly the hospital yet --

DR. SCARFONE: Right.

COUNCILMAN KENNEY: -- you're not technically turning anyone away.

DR. SCARFONE: Right.

COUNCILMAN KENNEY: You're getting people treatment that they need.

DR. SCARFONE: Right.

COUNCILMAN KENNEY: So they're competent professionals who can decide, you know, whether to move them on to your shop or not.

DR. SCARFONE: Sure.

COUNCILMAN KENNEY: 'Cause I would imagine -- I don't imagine; I know for sure that your unreimbursable costs relative to people without insurance.

DR. SCARFONE: Right.

COUNCILMAN KENNEY: And, of course, look, if I'm a poor parent and I don't have any medical insurance, I'm taking my kid, if I think he or she is

sick, to the emergency room.

DR. SCARFONE: Sure.

COUNCILMAN KENNEY: I'm just wondering if there's some way to get a kind of stepped-down -- it's just a suggestion. Whether it's doable or not I don't know.

DR. SCARFONE: No. Internally, that is what we're doing. It's setting up an urgent-care site that's away from the emergency department. And so, yes.

COUNCILMAN KENNEY: Okay. But you're still incurring costs as a result.

DR. SCARFONE: Oh, of course.

COUNCILMAN KENNEY: But not the ED costs.

DR. SCARFONE: Right.

COUNCILMAN KENNEY: Right.

COUNCILWOMAN TASCO: I was going to ask a question also about costs. Have you seen a significant increase in your budget costs?

DR. SCARFONE: Right. You know, I'm not privy to that information. I know

that we have spent a lot of money in stockpiling materials.

COUNCILWOMAN TASCO: Mm-hmm.

DR. SCARFONE: So the gowns and gloves and masks and antiviral medication, those materials were quite costly. And then things like alcohol hand gels and getting extra ventilators and transport monitors. So it is quite costly.

COUNCILWOMAN TASCO: What about personnel; are you required to pay them overtime for their time?

DR. SCARFONE: Yes. That is also a part of our added cost. Yes, it is. I just don't know the total number, what the value is.

COUNCILWOMAN TASCO: Right.

Well, thank you very much for your testimony. It was very thoughtful and very clear and very educational.

DR. SCARFONE: Thank you.

COUNCILWOMAN BLACKWELL: Thank you.

COUNCILWOMAN TASCO: Dr. Neil

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Fishman?

(Witness comes forward.)

DR. FISHMAN: Hi, good afternoon.

COUNCILWOMAN TASCO: Good afternoon.

DR. FISHMAN: I'd like to thank Chairwoman Tasco and Councilwoman Blackwell for inviting me to speak to you today and provide some testimony about Penn Medicine's response to the increase H1N1 virus activity that we're experiencing in our three hospitals: the Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center, and Pennsylvania Hospital.

I am Dr. Neil Fishman. I'm an infectious disease physician and I'm the director of the Department of Health Care Epidemiology, Infection, Prevention, and Control for the Health System.

And what I'll try to do now is, I'll give some comments that focus on our experience so far in dealing with H1N1, or

swine flu, and what our hospitals have been experiencing and what -- how we are preparing.

I'll try not to duplicate information that Dr. Scarfone and Dr. Schwarz gave, and I'll try to address some of Councilwoman Blackwell's comments.

It's a little difficult to forecast exactly what we are going to see. But if we look at our experience in the spring, we -- we lagged about two weeks behind the experience at CHOP. So I feel like I'm looking at the crystal ball next door and it's scary looking in there.

At the current time, we are seeing an increased number of patients in the health system presenting to the emergency departments, with influenza-like illness, but only about 40 to 50 a day in comparison -- 40 to 50 with influenza symptoms in comparison to what you just heard people at Children's Hospital were experiencing.

But we anticipate that that will

increase overtime, and we suspect that we will begin to see our increase about a week or ten days from today based on when activity began to increase at Children's Hospital.

As you've heard, this is a pandemic of a mild to moderate disease. Most people who get influenza only have mild to moderate symptoms and don't really require care from a health-care provider. And we've been doing our best to try to educate the public in that regard.

One of the things that we're doing to try to keep people out of the emergency room and out of doctors' offices for unnecessary visits is actually -- well, we set up educational sites on our web portals.

But we're also trying to identify people, when they call in, and give them educational information and symptomatic -- information for symptomatic release at the time of their phone call so that they don't provide an additional

stress on the health system and so that they don't incur the costs, unnecessary costs.

At the same time, we are trying to direct care towards people who are at greater risk such as pregnant women, the very young, the very old, and people who don't have normal immune systems or have other serious underlying diseases.

It is critical, as you heard, to have people with the flu to stay home from work and to keep their kids home from work when they're sick, at least for -- until they're afebrile for 24 hours.

We're trying to train people to prevent the spread of disease by cleaning their hands frequently and also practicing good respiratory hygiene and cough etiquette.

Our goal at Penn Medicine is to protect the health and safety of our patients and of our employees, and we do care for some of the sickest people in the area, people who have compromised immune

systems from cancers, organ transplants, and bone marrow transplants. And we've instituted, proactively instituted, a number of policies in order to meet this goal, and we've actually been preparing for this pandemic since April, when the first wave of the disease hit.

All of our employees receive frequent updates on a daily basis from -- via e-mail, and we have web portals both for our employees and for the public, where we post information.

I think communication is one of the keys here in trying to manage this disease and that an informed public is an educated public, is the best way towards maintaining the health and preventing the spread of the disease.

We've also participated in a variety of educational programs such as the First Thursday program in West Philadelphia community meeting.

Just to touch on some of Councilwoman Blackwell's questions:

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Our surveillance for tracking the disease is through our emergency department. We also track our employees who are ill through occupational medicine. We track admissions, ICU admissions, and ventilator use, and also disease activity in our laboratory.

Testing for influenza in our laboratory has increased fivefold in the past week. And at the current time, approximately 70 percent of the tests that are performed are positive. That's a marked increase from about three weeks ago, when only 9 percent of tests that were being run were positive.

At the current time, the disease is occurring predominantly in the community and predominantly in children. Of the individuals that we're seeing, the predominant ages of disease are between 20 to 40 years of age, which is similar to the epidemiology that's been described throughout the rest of the country.

Let's see. The, um... Question

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number 6 is: What is likely mortality rate for those sick enough to require hospitalization?

One thing that's important to remember is that seasonal influenza is actually a severe illness in and of itself; it leads to greater than 200,000 hospitalizations a year and 36,000 deaths a year, which, during an influenza season, is about a thousand deaths a week from influenza during a regular season.

The mortality rate of H1N1 influenza is the same as seasonal influenza. The problem is that a lot more people are getting infected.

Scientists have estimated that the -- that this virus is about twice as likely to be transmitted from person to person as seasonal influenza, so we're anticipating that the death rate will be about twice as high as with seasonal influenza.

But there are certain groups that are at increased risk, and particular

among those are pregnant women, who, in some studies, have represented nine to ten percent of the individuals that have died from H1N1 influenza throughout the country.

As you heard, vaccinations are limited by availability. We have focused our vaccination campaign on pregnant women, since they are at such increased risk, and our employees who are pregnant or have other risk factors that make them more susceptible to disease, and also those employees who are more likely to be exposed to illness, such as those that work in the emergency departments.

There is a question about thimerosol and an adjuvant, and I'll address that.

The influenza vaccine does not contain adjuvant, first of all. Some of the preparations do contain thimerosol in small quantities, which is a compound that's used to preserve certain forms of the vaccine.

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It is very important to note that there is no scientific evidence that thimerosol poses any danger to anyone; there is no scientific data to back up any of the claims that have been leveled against thimerosol. It's a safe and effective compound.

And I guess I can -- the best way for me to highlight my belief in that statement is to say that I have given my children vaccines that contain thimerosol.

And I'll be happy to answer any additional questions.

COUNCILWOMAN TASCO: Thank you very much for your testimony. We appreciate your taking the time out to come.

And just for your information, this hearing will probably be rebroadcast on channel -- the public or government channel. In most areas, it's 63 or 64, and we hope that people will look at it 'cause there's a lot of information that you're providing.

Thank you very much.

DR. FISHMAN: You're welcome.

COUNCILWOMAN TASCO: Dr. Marla Gold.

COUNCILWOMAN BLACKWELL: Thank you.

(Witness comes forward.)

DR. GOLD: Thank you.

COUNCILWOMAN TASCO: Good afternoon.

DR. GOLD: Good afternoon.

I too want to add my appreciation, Chair Tasco and Councilwoman Blackwell, for calling these important hearings and getting this on the record.

My direction will be to go back a little bit to public health in terms of looking at the resolution calling for a look at the City's response and how, as someone at Drexel and wearing many hats that you'll hear about in a minute, what my take is on that and our preparedness program at Drexel University.

So I am Marla Gold. I

appreciate being here. And I'm an infectious disease physician as well. It's incredible that the national infectious disease meetings actually are converging on Philadelphia tomorrow. So many of us who know each other are going to be in this great city for several days' meeting over this influenza and many things.

I'm an active member of the Philadelphia Boards of Health for the past four years and have been coming through both administrations. And in the early 1990s, I served as Assistant Health Commissioner for Infectious Disease Control, where I was responsible for all reportable and communicable diseases in our city as well. So I'm familiar, at least back then, with the department.

I currently serve as dean of the School of Public Health. At Drexel, I've been serving as the overall director for the entire university response, so I was very interested in the questions about

universities and what do we have in terms of vaccine, et cetera, the response to H1N1.

My role consists of convening large planning meetings that involve every aspect of the university, interfacing with the Division of Disease Control at the Philadelphia Department of Public Health, and ensuring prevention and treatment measures are in place for over 15,000 members of the Drexel community.

And that includes everything, from placement of alcohol-based hand-washing machines; you wouldn't believe the money and time that goes behind what seems to all of us a stand or a little white box that has some things in it. It's 25 to $30,000 a month easily to put these in lobbies of buildings, and we're all coping with that throughout the City. And, of course, oversight of vaccine administration on campus, which is currently going on at Drexel among the appropriate populations.

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The Drexel University College of Medicine clinical practices are hit hard. We are all experiencing the same among the adult populations. The clinical practices have countless individuals presenting with influenza-like illness.

The emergency room experience at Hahnemann, which is our connected hospital, is the same as what we just heard for Penn Medicine. That is, of the 150 to 200 people who come into the ER daily, approximately half have influenza-like illness. And the vast majority have illness, some of which didn't even need to walk into the emergency room -- a little plug for health reform. But everyone pretty much can be sent home.

We don't see a massive uptick among the adult or young adult populations as yet in terms of populations.

COUNCILWOMAN TASCO: Could I interrupt you at this point?

DR. GOLD: Sure.

COUNCILWOMAN TASCO: When the

patients come into the hospital, do you -- you examine them; you don't necessarily give them any medication?

DR. GOLD: No. The vast -- first of all, all emergency rooms, including ours, have isolation precautions, everything, because we're all ware.

COUNCILWOMAN TASCO: Mm-hmm.

DR. GOLD: What hospitals and certainly clinical practices don't want are people who essentially are folks that would know to rest, take fluids, and take something like a nonsteroidal -- for example, Motrin, a medication like that -- and don't require special antivirals and don't require anything else; they're not going to have complications.

That's the vast majority of people. "It is a lousy illness," she said on the record. How's that for a medical word? And we know many people who have had it.

But the vast majority, as the

commissioner mentioned, have influenza, a very unpleasant thing.

Nonetheless, it's happening in the background of a largely unimmunized population. So it's difficult, in fact, to compare it to seasonal flu. We don't know fully our statistics yet on this disease. And so, hopefully, we'll know more in the following year.

Most of these people are sent to their homes, whatever they call home, and making sure that they can check in with someone and call back to the emergency room if they have problems.

In speaking to you about the City's response -- and while I'm not with the City, I do feel compelled, as someone who depends on the City response now on the other side to talk about it.

I assumed there would be folks from Children's Hospital and others who would give you the epidemiologic data and demographics. Certainly it's been available on the City website as well as

the State Department of Health.

And I assumed as well that Don Schwarz and Dr. Johnson would present about prevention and treatment. I'm happy to comment on it.

I do want to say that, as I mentioned, we're all experiencing these upticks in disease, but the hospitals have not gone -- at Hahnemann, we're not beyond our search capacity, we're not needing to put a tent out.

Councilman Kenney asked a question based on cost. A lot of us also set up external tent facilities when we have exceeded the capacity of the emergency room or we need to keep it clear to handle other more serious disease that's presenting to us. So it's very important.

In terms of the planning and response process, though, I want to be clear on the record that our Health Department officials planned well, opened up incredible new lines of communication

with myriad stakeholders, worked hard to set up an infrastructure to deliver vaccine, partnered with a range of institutions throughout the City, many of whom had never been connected to the Health Department before.

And ironically, I believe they created the infrastructure only to experience, completely out of their control and ours, an unanticipated and significant H1N1 vaccine shortage as well as a seasonal influenza vaccine shortage.

If I have to sum it up, there are a number of sites in the city that are all dressed up with nowhere to go. And "nowhere to go," if you would, has nothing to do with the local health department. In fact, the "all dressed up" has everything to do with the Health Department.

I have, in all of my years as a public-health official and now an expert in this field, never seen the City so prepared with an infrastructure. But the

unfortunate situation about having what we need to deliver at the sites is one that happened at the delivery point at the federal level.

Consequently, on the primary prevention side, we're all coping with a situation of who has vaccine and where to receive it. This is compounded by the shortage of seasonal flu vaccine throughout the nation. We realize we ordered seasonal, or typical, flu vaccine; many of us had ordered it before H1N1 really reared its head.

And so, consequently, all these people are finally aware of flu. The good news is, everybody knows they need to get a shot this year; and the bad news is, they're coming in and we don't have it to give them.

Let me just quickly skip over. I can enter written remarks for the record.

But I do want to point out that despite the shortages, Philadelphia

County, our city, has actually a lot more vaccine than most of the surrounding counties and some of the surrounding states.

And, in fact, one of the things we're coping with is what happens when somebody walks in from outside the area with a young child at risk and wants to get vaccine from us. And these scenes have played out historically during times of epidemic outbreak when we appear to have the magic bullet for families and they want to come in and get it. And the Health Department has been fabulous in providing guidance for these cases.

The City has long had a pandemic flu plan based on levels of disease. You know, in an ironic way, again, the story of H1N1 is novel virus causing disease against a largely unimmunized and susceptible population. And I'm not making light of it, but, as you've heard, in a way, we are incredibly lucky. And I think we'd all agree that we are very,

very lucky. I make not light of the very sick or dying among the young, but I do feel lucky that this wasn't something more virulent or strong that could have killed large numbers of people in the city.

So I mentioned about the orders for seasonal flu vaccine were already in, and so we have a shortage now. The Health Department has put plans in place, working closely with the CDC. Under the leadership of Drs. Don Schwarz and Carolyn Johnson, the department designed a citywide response.

I can tell you they even have a pretty amazing and hot Facebook page as well as Twitter that's working for them. We've never seen the use of social marketing so well from the department.

All along for other diseases and conditions, the City uses the health alert network. As someone at Drexel and in the infectious disease community, you'd want to know, as a citizen in our city, that we get alerts when there are infections or

unusual presentations.

With the onset of H1N1, those alerts, for better or for worse, Dr. Johnson, are coming to us daily with information hot off the press that gives us guidance. I hope she's smiling; I'm not going to turn around.

But we really do read this, and we send it to people who, right on the spot, can get realtime information and changes.

So, just to jump through and summarize, we were contacted months ago, as were other universities in the City. We were all brought together and asked if we were willing and able to serve as an arm of the Health Department to set up to vaccinate individuals at risk as by the CDC. And so, we were asked, would we help?

And we take this very seriously. We consider that our university -- and I'm sure others do for theirs -- that we are an arm of the Department of Public Health

and that we are here, yes, to keep our faculty, staff, and students who qualify and are eligible for the vaccine as safe as we can with behavioral changes as well as distribution but also a serious responsibility as part of the Health Department. And we've been doing this, as you know.

And you also, I would ask, need to understand that while what you see and what others see -- they come in and they go, "This isn't difficult." And what they see are five or six vaccination stations that have spent -- we've spent months to years getting everything ready.

And those of us who have been in the background meeting just myriads of people -- it can be questions like, We have a blood drive at Drexel, there's a blood drive on Thursday, we have to call the Red Cross. Can we get a shot of H1N1 vaccination and donate blood on the same day? Do we have to defer? The answer, by the way, is you do not have to defer.

But you can see that all of these questions really have us all quickly calling each other and also, as I said, calling the Health Department for a lot of information.

So, you know, basically, in sum, how prepared is the City? I'm jumping through it again, and I'll submit the rest.

There's always more to do in terms of surge capacity of our health care system, staffing of the City's public health workforce. I am a dean of a school of public health and I'm always going to make a pitch for expanding the public health workforce; we're graduating them at Drexel and putting them out there to keep people healthy.

But I believe that the City planning and execution of the plan was and is admirable. I mean, they're still available. They did everything leading up to the delivery. And then who said that they would deliver it to us, and their

ability to deliver it to us changed. And, again, it's coming in late.

We had to set up clinics with volunteers on our end. We didn't spend any money but are using our own physicians and nurses and training up residents as we can, working with the laws that are there.

So in sum, I would just point out that those of us in the field of public health usually say that when public health is fully operational, ideally, the public is aware, you don't see uncontrollable outbreaks, there's no disease, the citizens are protected by an invisible safety net that we call "the infrastructure."

And while, again, I make not light or, you know, anything about the amount of disease, morbidity, and mortality we're seeing in the city, I think, in some ways, this is a success story, and I hope that the Health Department, with universities and others, will build on it in terms of getting ready

when something possibly much worse hits us in the future.

So thank you. And I'm glad to have made these remarks and am happy to take any questions.

COUNCILWOMAN TASCO: Well, thank you very much. It certainly makes me feel good to know that we are prepared and ready to meet the massive onslaught, if we have to. And I just hope we don't but you need the vaccine.

DR. GOLD: That's right. All dressed up and nowhere to go.

COUNCILWOMAN TASCO: Let me ask you a question; I've always wanted to ask this question.

When I was a little girl, most of us got this vaccination on our arm; are they still doing that these days? You have a little mark on your arm. When I first went to 1st grade before I went to school --

DR. GOLD: Polio is what I'm thinking about.

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(Indiscernible; parties talking over each other.)

COUNCILWOMAN TASCO: Do they require that?

DR. GOLD: I think you're talking about smallpox if you're talking about one that left a scar on the arm.

COUNCILWOMAN TASCO: Uh-huh.

DR. GOLD: And the answer is no. That's a disease that in the United States has been eradicated thankfully due to the work of public health.

COUNCILWOMAN TASCO: Oh, okay, okay. I'm old enough to have the scar.

DR. GOLD: Yeah. It's all about age.

COUNCILWOMAN TASCO: It's all about age.

DR. GOLD: It's all about age, age and beauty.

Any other questions?

COUNCILWOMAN TASCO: Okay, thank you.

Any other questions?

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Councilwoman Brown?

COUNCILWOMAN BROWN: I have a quick follow-up.

Newborns today then receive a number of shots as soon as they enter the world. They would be shots such as...? Complete the sentence for me, please.

DR. GOLD: There's a whole schedule of immunizations, so they would be shots later on such as -- things such as --

COUNCILWOMAN BROWN: Chicken pox?

DR. GOLD: Rubella, measles, mumps, so that's MMR. Diphtheria, tetanus for prevention and those particular vaccines.

Let me add hepatitis B, which is also now a childhood vaccine. And there's another vaccine that's a childhood vaccine for hemophilus influenza Type B.

The flip side is, we rarely see measles, mumps, rubella. We would like not to see diphtheria and tetanus. Some

of these diseases have reared their heads up in college-aged kids, as we learn how long our vaccines last, depending on the age when someone first got it many years ago. So, when that happens, again, the City, working with us, gets out there and puts out new advisories for populations.

This past year, the City, working with the Board of Health, mandated that meningitis vaccine -- it's going through approvals now, I believe, but meningitis vaccine will occur at 6th grade entry. These are all things to protect the people.

I would second Dr. Fishman that there has never been data on an epidemiologic or population-based study, looking at large numbers of people, that have connected the mercury preservative thimerosal in childhood vaccines to the onset of to developmental delays or autism, which is one of the major concerns that parents have.

That said, with influenza, the

single-dose vaccine inactivated, prefilled, which is part of the delay on the shipment, and the live nasal, another one of those, has thimerosal.

So if we had all the vaccine that was promised to us by the manufacturers in a timely way -- and there are delays, they've been rushing -- then we would have options for parents who are worried.

Public health is about social messaging.

COUNCILWOMAN BROWN: Yes.

DR. GOLD: So even if the population has concerns that are not borne out in scientific data, I believe that we have a responsibility to be in front of the microphones, talking about what options there would be and ensuring that folks know they're heard but still saying that, you know, vaccines have, in fact, saved more lives than any one medical intervention in the history of the world.

And so, for that reason, we need

to continue doing what we do.

COUNCILWOMAN BROWN: Thank you very much.

DR. GOLD: Sure. Thank you.

COUNCILWOMAN TASCO: Thank you very much.

Very interesting, nice to see you again, and we appreciate you coming out.

DR. GOLD: Yes, thanks.

COUNCILWOMAN TASCO: Mr. Jim Hunter.

(Witness comes forward.)

COUNCILWOMAN TASCO: Good afternoon.

MR. HUNTER: Good afternoon, Councilwoman Blackwell and Councilmembers. Thank you for allowing me the opportunity to speak here.

COUNCILWOMAN TASCO: Mm-hmm.

MR. HUNTER: I represent Mercy Philadelphia Hospital. I'm the infection control manager there.

And I'll just briefly -- I

didn't get a list of questions, but I prepared a little thing, and I'll just go down point by point on what's happening at Mercy Philly.

Okay. First off, influenza-like illness (ILI) presentations at the ER have spiked since the week of October 10th. And we only have a few positive flu antigen tests. But, you know, it depends on probably the sensitivity of the tests too, but there's a lot of influenza-like illness coming into our ER at this time.

And we have set aside a fast-track area where we can triage people. Those that have symptoms, we put a mask on 'em and treat them out there.

And we've had in the last week three admissions for influenza. And at this time, it's about 99 percent H1N1 circulating, so it's probably here, in West Philly, okay? Or anyway at our facility.

To get to vaccines here, we have received a generous supply of vaccines

from disease control. Thank you, Dr. Johnson et al. And we are beginning to vaccinate our people this week. Matter of fact, tomorrow it's beginning.

What we're going to do is concentrate on direct-care personnel and staff and inpatient and some clinic patients, depending on if -- we have to be conservative with the supply we have. So we'll be vaccinating this week.

And as far as preventing the spread of influenza within the facility, for example, we have signage posted at entrances, exits. We have also installed hand hygiene devices at the entrances, exits, corridors, inpatient units, and it's very visible, so to speak. And it was expensive too, by the way. Hand hygiene.

Personal protective equipment -- gowns, masks, gloves, and such as that -- we have preordered, I think, an adequate amount of these things. You can never know what will happen down the road, but

we have a large supply right now that will -- we're prepared, at this point, anyway. I don't know about a month from now what will happen, but we're prepared. Who knows.

Okay, moving along. Treatment. We have -- well, we have antivirals and (indiscernible) a good number of antivirals such as Tamiflu. And we will also be using those for people that have unprotected exposure, staff members, you know. And those who are at high risk such as that, they will receive a regimen of Tamiflu.

Now, the emergency department right now is not admitting everybody that comes in with influenza-like illness. But, for example, if they don't have to be admitted, they'll send them home with a dose of Tamiflu and a prescription. That's how they're doing it currently anyway.

Okay. Ventilators. We have 16 ventilators in-house, but we're looking at

purchasing disposable ventilators right now, maybe up to 200, to prepare for this, okay? And in the event of an overflow of our capacity, we're prepared to set up tents in the parking lot. We can do that easily; we have the space for that.

And let's see. Okay, employee policies, for example. They're supposed to stay home if they're sick. Or if they're sick on duty, they get sent home and stay home for seven days. And as I said seven days.

And we work closely with -- I'm sorry, yes? Do you have a question?

COUNCILWOMAN TASCO: No.

MR. HUNTER: We work closely with Philadelphia Disease Control and collaborate just about every day. We have Thursday conference calls of what's happening in the City. We have the ability to interact, ask questions about anything we're doing.

Education-wise, we are educating our staff members via the Internet,

e-mail. We're also educating visitors and also the community.

We partnered with NBC 10 for a swine flu phone bank; I was a part of that.

And also, we had recently, a couple weeks ago, a Mercy Philadelphia Expo, where I and an ED physician spoke about swine flu to members of the community, the local community, that came over. So we are educating as best we can.

And so, moving along, okay. Anyone have any questions? I'm trying to just go down the -- I went down the list.

Any questions, please?

COUNCILWOMAN TASCO: No, I don't -- we don't have any questions. Actually, you're teaching us, we are learning.

MR. HUNTER: Thank you.

COUNCILWOMAN TASCO: So we appreciate your coming out to testify.

I was just going to say, you said you have enough supplies right now.

What's the time for -- suppose you get an onslaught of people and you begin to run out of supplies; what's the timeline for reordering to maintain the level of supplies you need?

MR. HUNTER: Well, okay, it's an interesting question in that, will the supplies be available if we order them?

For example, N95 particulate respirators, N95 masks, there is a shortage of those at this time. So -- and I believe OSHA is going to enforce, you know, the usage of these masks.

So if they come in and we're out of those and we perhaps switch to a surgical mask, you know, we'll have to do with what we have until our supplies come in. We have to demonstrate a good-faith effort to OSHA. And I imagine that's a purchase order or -- we have documentation of doing that. That should help.

But I can't really say when supplies would arrive. It depends on how many people are requesting them and so

forth.

COUNCILWOMAN TASCO: Who's communicating with the suppliers?

MR. HUNTER: Yes.

COUNCILWOMAN TASCO: Who's communicating with the suppliers that, you know, down the line you may need?

MR. HUNTER: Oh, absolutely, yeah.

COUNCILWOMAN TASCO: You don't want to panic people, but certainly you want to have the equipment if you need it.

MR. HUNTER: Right. Matter of fact, our -- we communicate with the suppliers and we're trying to anticipate an influx.

COUNCILWOMAN TASCO: Mm-hmm.

MR. HUNTER: So we are placing orders -- to answer your question, we are placing orders to keep them coming in such as that. That's what we're doing at this time.

COUNCILWOMAN TASCO: Councilwoman Brown.

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COUNCILWOMAN BROWN: No questions.

COUNCILWOMAN TASCO: No questions?

Thank you very much.

MR. HUNTER: Thank you.

COUNCILWOMAN TASCO: We appreciate you taking the time to come in, and we know West Philadelphia is really, um...

COUNCILWOMAN BLACKWELL: The best area of the City.

COUNCILWOMAN TASCO: I see you didn't invite Einstein.

COUNCILWOMAN BLACKWELL: Yes.

(Laughter.)

MR. HUNTER: Well, Philadelphia, we can deal with anything.

COUNCILWOMAN TASCO: Yeah, I know.

MR. HUNTER: Even the Phillies will win.

COUNCILWOMAN TASCO: Okay, thanks.

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Mr. Gollotti and Mr. Sheaffer, we're calling the two of you together because you are from the University of the Sciences.

(Witnesses come forward.)

DR. SHEAFFER: Thank you very much for inviting us.

COUNCILWOMAN BLACKWELL: Thank you.

COUNCILWOMAN TASCO: Thank you for coming.

DR. SHEAFFER: I will make my comments short in light of the time of the day.

My name is Dr. Sheaffer. I'm a faculty member at the Philadelphia College of Pharmacy, University of the Sciences, in Philadelphia.

And I, like Dr. Gold, primarily prepared my comments to address the preparedness of the City to respond to a pandemic.

And I can't say it better than Dr. Gold did when she commented that the

City's planning and execution is admirable. I think the years of planning for this kind of event and the more recent efforts to address the challenges, the unpredictability of both the disease itself as well as the availability of the vaccines, as we've seen this year, their response to that, the communications, and their alteration of their plans to address the availability of the vaccine to those most vulnerable and to work with the health community has truly been admirable.

I included in my testimony a number of areas in which I had interfaced with the City, the State, and others as far as the broader issue of emergency preparedness as well as pandemic preparedness.

And a key point I want to make today is that I believe the reason why Philadelphia's plan has been developed and is being implemented so well is because of years of planning and developing a very solid disaster plan to respond to any type

of disaster. I'd like to give you a few examples of things I've been involved with that I think reflect the City's preparedness.

Back, I think it was, in 2005, there was a mass vaccination clinic held in the Northeast, giving the seasonal flu vaccine soley for the purposes of testing the City's plan of how well could we deliver, in that case, the vaccine to senior citizens in a large number, in a short period of time.

And so, going back that far, they've been testing their plans for a pandemic before we ever heard the term "swine flu" and "H1N1."

Likewise, consistent with Mr. Hunter's comments recently, I also serve on the board at Mercy Catholic Medical Center, which includes Mercy Philadelphia Hospital.

And as a board member, for years now, we continually hear reports of the various exercises that the City has

conducted, of which Mercy Philadelphia has been part of those exercises; and most recently, an exercise around pandemic flu response. So as a board member I hear with confidence that our hospital is well prepared, and I think that reflects the City's overall preparedness.

And, finally, going back to preparedness before we even knew about swine flu, I collaborated with Dr. Steve Alice from the Philadelphia Department of Public Health last March, before swine flu from Mexico was even on the radar screen.

And we met with a group of pharmacists from the Philadelphia area to talk about how, in the face of a pandemic, we would distribute a limited supply of antiviral medications to individuals that are sick or exposed, knowing that we had to make sure that only those people that really needed it got those medications.

So they're all examples of how, even before we heard of swine flu, the City Department of Public Health has

developed a good infrastructure and a good plan to respond to this disaster as well as others.

I would also add that we worked with the Philadelphia Department of Public Healthy in 2005 to conduct a point-of-dispensing exercise in our gymnasium, where our students and our faculty, with the Philadelphia Department of Public Healthy, trained our students as to how they would help in a response of various dimensions.

And then, moving on to some of the questions and comments about the vaccine. And, again, I would comment that the planning for a pandemic response is marked by two things: the unpredictability of the disease itself, who gets sick, how quickly it spreads, how severe it's going to be; as well as the challenges related to the vaccine itself.

The dependence still on us making the vaccine, using chicken eggs, and the unpredictability of how the yield,

the late time frame we started even making the swine flu, I'm truly amazed that we even have vaccine available today.

So given that unpredictability, I have to say -- and I would echo what was said before -- that the communications from the City in terms of keeping health-care providers, including the pharmacy community, has been excellent. Almost daily, we're receiving the information by e-mail, by fax from the City.

They've also worked very well, as Mr. Gollotti will tell you, with universities like ours to make sure that those students of ours who fall into two of the high priority categories -- those that are 24 and under, especially those with concurrent illnesses -- have priority access to the H1N1 vaccine.

But also, many of our students in their later years in particular, are providing direct patient care in hospitals and community pharmacy, where they pose a

risk if they get infected, but also they need to be there in order to ensure uninterrupted supply of medications and working with patients.

So we've received word, I believe, just today that within about a week, we'll be able to vaccinate at least those students that have direct patient care contact so they'll be able to continue at their rotation sites.

So, in conclusion, I would like to say that my assessment of the City's plan and their response is that it could not be much better, given the challenge that we face in such an unpredictable environment.

Thank you.

I'll have Mr. Gollotti make his comments, and then perhaps we can both answer questions.

COUNCILWOMAN TASCO: Mm-hmm, that would be fine.

Mr. Gollotti?

MR. GOLLOTTI: Good afternoon.

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My name is Ben Gollotti. I'm the chief security officer for the University of Sciences in Philadelphia, and I'm responsible for the development, implementation, and oversight of the university's preparedness response plans.

The University of the Sciences in Philadelphia's pandemic preparedness team began monitoring the spread of H1N1 virus in the spring of 2009 in preparation of our May graduation ceremony.

Since then, the university continued with its educational campaign and its preparation by taking innumerous steps to keep our university community as healthy as possible.

We have published and are following the best practice guidelines established by the CDC, set up hand sanitizer situations in key high-traffic areas around the campus, posted informational flyers throughout the campus, been in regular contact and continued to work directly with the City

of Philadelphia Department of Public Health Division of Disease Control in regard to H1N1 vaccination planning, engaged students in actively becoming involved in helping to educate other students as part of a class project, plan to host a seasonal flu vaccination program for all students, faculty, and staff.

The University of the Sciences pandemic team continues to monitor the spread of flu-like illness. And as new information becomes available, the team provides periodic updates to the university community through e-mail and our emergency information website.

Although the university has not experienced a significant number of reported flu-like illness, there has been an increase over the last two weeks.

The pandemic preparedness vaccination team has developed distribution procedures that include, but are not limited to: The training of staff members in pandemic response, made

arrangements for the rental of a refrigeration truck for the storage of the vaccine, purchased appropriate supplies to facilitate administration of the vaccine, selected a distribution location, and conducted a trial run of the actual distribution setup.

In preparation of receiving the vaccine, we review our plans routinely and are making the necessary adjustments to ensure our readiness to distribute the vaccine.

I would like to at this time commend the members of the City of Philadelphia Department of Public Health Division of Disease Control for their efforts in bringing the various representatives from public health communities and higher education together in an unprecedented effort to prevent the spread of the H1N1 virus.

In closing, I would like to thank you for this opportunity to address City Council.

Are there any questions?

COUNCILWOMAN TASCO: Thank you very much.

Questions?

(No response.)

COUNCILWOMAN TASCO: Well, I'm certainly real proud to hear that we're ready and of the wonderful work of the Health Department. You're to be congratulated, Doctor, on the wonderful work you're doing. And it gives us a lot of comfort to know that you all are on it.

And thanks to you and Dr. Schwarz and all the staff. And we thank you.

DR. SHEAFFER: Could I respond to one of the questions that's on your list?

COUNCILWOMAN TASCO: Sure.

DR. SHEAFFER: I wanted to reinforce the comments made earlier about the thimerosol content and a concern about that being used in children and to reinforce that it is only in the

(indiscernible); and even then, in moderate and large amounts.

The childhood vaccine, the single-dose syringes, hopefully will become available soon. But until then, my biggest fear is that children and others that really should be receiving the H1N1 vaccine are not doing so because of unfounded fears.

While this has been a relatively mild disease so far -- and hopefully it will stay that way. When we know that over a thousand people have died nationally from this disease already, it is -- there are many deaths that are preventable by use of the vaccine.

And to let a theoretical concern of thimerosol, which has been removed from all other vaccines, so the total amount, going back to the earlier question, as to what are those childhood vaccines? None of them contain thimerosol anymore. Once we get rid of the eggs as our way of making the vaccine, the thimerosol will go

away as well.

But given the risks of not getting the vaccine versus the theoretical risk of thimerosol, children should be vaccinated with this vaccine even if that thimerosol is present.

COUNCILWOMAN TASCO: Okay. Thank you.

COUNCILWOMAN BLACKWELL: Thank you. Thank you, Miss McGinty, over there. And thank you all who have come in support of folks as well.

COUNCILWOMAN TASCO: We appreciate your time and thank you.

Sorry for the delay, but it's been well worthwhile. Certainly I've learned a lot, which helps us pass on information to our constituents.

And I guess my question is: How can we -- not how can we. Should we be encouraging our constituents, particularly that vulnerable group, to go and get the vaccine?

DR. SHEAFFER: By all means.

And at the same time, I hope that they understand that we have to prioritize who is at greatest risk.

COUNCILWOMAN TASCO: Right.

DR. SHEAFFER: So that those that are maybe not in the highest risk group, such as our college students, while they're a priority group, we haven't seen as much infection, especially severe infection, of them.

So I'm perfectly content to say they should wait until all pregnant women and small children receive the vaccine. And then once all those priority groups are vaccinated, then everybody else should still consider receiving the H1N1 vaccine as well as the seasonal vaccine, once we have it again.

COUNCILWOMAN TASCO: Okay. Thank you so much for your time and information.

Is there anyone else here to testify on this resolution?

(No response.)

COUNCILWOMAN TASCO: We want to thank you for coming.

Dr. Johnson, thank you so much for your leadership and the hard work you do at the Health Department and thank Dr. Schwarz for us. We appreciate it.

He said he was ready; he had told me earlier. But we wanted it on the public record. And Councilwoman Blackwell was on it very, very early -- I think the moment it hit Mexico.

So we're very pleased. Thank you so much.

(Proceedings end at 3:20 p.m.)

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C E R T I F I C A T E

I HEREBY CERTIFY that the proceedings of the City of Philadelphia Council Committee on Public Health and Human Services are contained fully and accurately in the stenographic notes taken by me on Wednesday, October 28, 2009, and that this is a true and correct statement of same.

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JOSEPHINE CARDILLO
Registered Professional Reporter

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