

Approved: 5-4-09
Date

MINUTES OF THE JOINT MEETING OF THE SENATE PUBLIC HEALTH AND WELFARE
COMMITTEE AND THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Co-Chairman Jim Barnett at 12:00pm on April 29, 2009, in Room 143-N of the Capitol.

All members were present except Senator Kelly, Senator Haley, Senator Brungardt, Senator Kelsey, Senator Pilcher-Cook, Representative Landwehr, Representative Gordon, Representative Morrison, Representative Schwab, Representative Siegfried, and Representative Finney who were absent.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jan Lunn, Committee Assistant
Melissa Calderwood, Kansas Legislative Research Department
Jan Grace, Committee Assistant
Ron Wegner, Kansas Legislative Research Department

Conferees appearing before the Committee:

Dr. Jason Eberhart-Phillips, Kansas Department of Health and Environment
Major General Todd Bunting, Kansas Division of Emergency Management
Secretary Rod Bremby, Kansas Department of Health and Environment

Others attending:

See attached list.

Conferees for the meeting were introduced to committee members and the public who attended.

Dr. Jason Eberhart-Phillips, Kansas Department of Health and Environment (KDHE), is the public health officer and incident commander. He briefed committee members on the current status of the public health threat known as Swine Flu or the 2009 H1N1 virus (Attachment 1). Dr. Eberhart-Phillips explained this is a new, novel strain of Influenza A, with potential for a pandemic declaration. He spoke about the chain of events from the first identified cases in Mexico to the human-to-human spread of the disease in the United States. Currently in Kansas, there are two identified cases in Dickinson county.

Dr. Eberhart-Phillips detailed the state's response to mitigation strategies for containment such as communication with all hospitals, safety net clinics, physician clinics, schools, government agencies, media, etc. At the present time, Kansas is in "searching mode" to identify a "suspect case." Identification occurs by using rapid tests for Type A Influenza in the field, and if a positive Type A Influenza is identified, specimens are forwarded to the appropriate laboratories for further testing. As of this date, there are 91 confirmed cases in 10 states with 2 cases in Kansas. The World Health Organization has raised its alert level to 4 on a scale of 6: "Pandemic is potentially imminent."

Major General Todd Bunting, Kansas Division of Emergency Management, commented briefly regarding the initiation of a command center, communication strategies, planning and operations activities, and resource sharing among various agencies, etc.

Dr. Eberhart-Phillips spoke about the pharmacologic intervention strategy and indicated that Kansas had 300,000 treatment courses and had received approximately 100,000 additional treatment doses from the federal government's allotment.

Dr. Eberhart-Phillips also outlined non-pharmacologic intervention strategies such as isolation of suspected, probable or confirmed cases, education, "social distancing" such as cancelling events and school closures, web-sites for information and questions, etc.

Committee members inquired relative to lengths of time from exposure to symptoms and from submitting specimen test to results; measures of virus virulence; resistance to medications; how decisions to cancel/close

CONTINUATION SHEET

Minutes of the Senate Public Health and Welfare and House Health and Human Services Committees at 12:00 p.m. on April 29, 2009, in Room 143-N of the Capitol.

schools/events are made; the preparedness level and the possibility of plan contingency should levels of preparedness be exceeded; vaccine development; and deployment strategies.

Dr. Eberhart-Phillips reported that:

- 3-4 days is the length of time from exposure to becoming symptomatic;
- From the time a specimen is submitted to the appropriate laboratory for testing, it takes at least 8 hours to determine a positive H1N1 case;
- At the present time, there is no available information related to virulence or severity for H1N1;
- Tamiflu and Relenza are the drugs used to treat this viral strain;
- Closing schools is a local decision that occurs in consultation with KDHE to ensure coordination throughout the State;
- The state laboratory is in a network of public health laboratories that can share in the work should an acute situation arise;
- The web site for H1N1 information is linked to the KDHE web site and the phone number is 877-427-7317;
- The original viral specimens collected have been isolated into a vaccine reference strain, and prototype vaccines are being developed and suppliers engaged. It is hoped that within the next two months clinical trials to ascertain safety, dosage requirements, etc., can begin. However, it could be a lengthy time before the vaccine becomes available;
- In addition, work is underway at the federal level to ensure reagents are available to increase state laboratory testing capabilities.

Secretary Bremby added that surveillance and mitigation activities may be unsustainable without additional funding. Communication with the Governor has occurred related to this possibility.

Dr. Eberhart-Phillips added that the current focus is to slow down the transmission of the virus, lower the severity, and buy time until a vaccine is manufactured and supplies received.

Senator Barnett thanked Dr. Eberhart-Phillips, Secretary Bremby, and Major General Bunting for providing the briefing on this important public health issue

The meeting was adjourned at 1:04pm

House Health, Human Services & Public Health

APPROPRIATIONS COMMITTEE GUEST LIST

DATE: 4-29-08

NAME	REPRESENTING
Jean Marin	KS Medical Society
Chad Austin	KS Hosp Association
Berend Koops	Hein Law Firm
Sarah Tidwell	KS Nurses Assn.
Tiffany Fisher	KS School Readiness Coal.
Suzanne Winkle	KS Action for Children
Joe Sepp	Cerebral Palsy Research Foundation
Michelle Bushler	Capitol Strategists
Diane Gjerstad	Wichita Public Schools
Shawn	AAMS
Tom Krutz	RAGB
Steve Soloman	TFI
Michelle Blasdel	Justice for all citizens
Robin Clements	Child Welfare Cos.



Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Six Things Every Kansan Should Know About the 2009 H1N1 Flu Virus

Jason Eberhart-Phillips, MD, MPH
Kansas State Health Officer
April 29, 2009

As you are aware an outbreak of 2009 H1N1 Flu Virus has occurred in Mexico, with 91 cases now being reported in the United States. You may be alarmed by what you have heard, or you may be wondering why public health authorities are so concerned.

Many Kansans are asking good questions about the 2009 H1N1 Flu Virus. At this early stage in the outbreak, some questions don't yet have reliable answers. As each day passes we are learning more, and we are becoming more certain about the advice we give.

As of today, here is what we know:

- 1. This is a new virus, never before recognized in the United States or anywhere in the world.** The new virus contains genetic pieces from flu viruses that infect pigs, birds and humans. It appears able to spread among humans like the familiar human flu viruses that circulate in our communities every winter. Because this virus is new, we believe that no one has natural immunity against it. Immunization with the seasonal flu vaccine is not likely to offer protection.
- 2. Disease caused by the 2009 H1N1 Flu Virus appears to be mild so far.** Most cases of disease caused by the 2009 H1N1 Flu Virus in the United States have been relatively mild so far, although a handful of cases of serious disease and one death have recently been reported. In every case except the death of a young child in Texas, infected people have recovered from their illness, or are now showing signs of recovery. The ability of the virus to cause serious disease may change over time, or as it spreads through the population it may infect more people who cannot resist it effectively. The large and growing number of deaths associated with 2009 H1N1 Flu Virus infections in Mexico is of great concern.
- 3. The disease is present in Kansas.** As of today, we are aware of two cases of 2009 H1N1 Flu Virus in our state. One case followed a trip to Mexico. The other resulted from household contact with the returning traveler. State and local public health staff are currently working hard to identify additional cases and provide supporting laboratory work to characterize the extent of the outbreak in Kansas.

4. **2009 H1N1 Flu Virus is treatable.** While the new virus is resistant to certain anti-viral medications, at the moment it remains sensitive to others. To be maximally effective in shortening the length and severity of illness, these medications should be prescribed by a physician early in the course of infection. As always, rest at home and drinking ample fluids is also essential for a complete recovery.
5. **2009 H1N1 Flu Virus is preventable.** While there is no vaccine that specifically protects against the new virus, everyday steps that prevent the spread of germs are very effective in reducing the risk of catching this disease. These include washing your hands thoroughly and often with soap and warm water or alcohol-based hand sanitizers, staying at least six feet away from people who are coughing and sneezing, and maintaining a healthy lifestyle with a balanced diet and plenty of rest and exercise. Those who develop flu symptoms must stay home and avoid contact with other people as much as possible for a period of seven days from the onset of illness.
6. **We can beat this.** Your state and local public health professionals, together with Kansas health care providers, have been preparing and training for the arrival of a new flu virus in our communities for years. Working with colleagues at the federal Centers for Disease Control, we will monitor the activity of this new infectious agent and take all the necessary steps to curtail its spread. Your role in this is critical: to remain informed, to consult your health care provider if you become ill, and to follow the advice you receive on ways to protect your community.

We will continue to update the KDHE web site (www.kdheks.gov) as information becomes available. We encourage you to use it as a resource for 2009 H1N1 Flu Virus information.

Thank you all for your interest and support.