

Approved: May 5, 2009  
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 Tod 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 Tod 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 schools/events are made; the preparedness level and the possibility of plan contingency should levels of

## 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.

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