



Highlights of [GAO-03-654T](#), a testimony before the Committee on Government Reform, House of Representatives

Why GAO Did This Study

Following the bioterrorist events of the fall of 2001, there has been concern that the nation may not be prepared to respond to a major public health threat, such as the current outbreak of Severe Acute Respiratory Syndrome (SARS). Whether a disease outbreak occurs naturally or is due to the intentional release of a harmful biological agent by a terrorist, much of the initial response would occur at the local level, particularly hospitals and their emergency departments. Efforts to plan for worldwide influenza pandemics are useful for understanding public health preparedness for other large-scale outbreaks.

GAO was asked to examine (1) the preparedness of state and local public health agencies and organizations for responding to a large-scale infectious disease outbreak, (2) the preparedness of hospitals for responding to a large-scale infectious disease outbreak, and (3) federal and state efforts to prepare for an influenza pandemic.

This testimony is based on GAO's report, *Bioterrorism: Preparedness Varied across State and Local Jurisdictions*, [GAO-03-373](#) (Apr. 7, 2003), a survey of hospitals GAO conducted to assess their level of emergency preparedness, and information updating GAO's prior report on federal and state planning for an influenza pandemic, *Influenza Pandemic: Plan Needed for Federal and State Response*, [GAO-01-4](#) (Oct. 27, 2000).

www.gao.gov/cgi-bin/getrpt?GAO-03-654T.

To view the full report, including the scope and methodology, click on the link above. For more information, contact Janet Heinrich at (202) 512-7119.

INFECTIOUS DISEASE OUTBREAKS

Bioterrorism Preparedness Efforts Have Improved Public Health Response Capacity, but Gaps Remain

What GAO Found

The efforts of state and local public health agencies to prepare for a bioterrorist attack have improved the nation's capacity to respond to infectious disease outbreaks and other major public health threats, but gaps in preparedness remain. GAO found workforce shortages and gaps in disease surveillance and laboratory facilities. The level of preparedness varied across cities GAO visited. Jurisdictions that have had multiple prior experiences with public health emergencies were generally more prepared than others. GAO found that regional planning was generally lacking between states but that states were developing their own plans for receiving and distributing medical supplies for emergencies, as well as plans for mass vaccinations in the event of a public health emergency.

GAO found that many hospitals lack the capacity to respond to large-scale infectious disease outbreaks. Most hospitals across the country reported participating in basic planning activities for large-scale infectious disease outbreaks and training staff about biological agents. However, most hospitals lack adequate equipment, isolation facilities, and staff to treat a large increase in the number of patients that may result.

Federal and state officials have not finalized plans for responding to pandemic influenza. These plans do not consistently address problems related to the purchase, distribution, and administration of supplies of vaccines and antiviral drugs that may be needed during a pandemic.