



Highlights of [GAO-09-760T](#), testimony before the Ad Hoc Subcommittee on State, Local, and Private Sector Preparedness and Integration, Senate Committee on Homeland Security and Governmental Affairs

## Why GAO Did This Study

As the recent outbreak of the H1N1 (swine flu) virus underscores, an influenza pandemic remains a real threat to our nation and to the world. Over the past 3 years, GAO has conducted a body of work to help the nation better prepare for a possible pandemic. In a February 2009 report, GAO synthesized the results of this work, pointing out that while the previous administration had taken a number of actions to plan for a pandemic, including developing a national strategy and implementation plan, much more needs to be done, and many gaps in preparedness and planning still remain.

This statement is based on the February 2009 report which synthesized the results of 11 reports and two testimonies covering six thematic areas: (1) leadership, authority, and coordination; (2) detecting threats and managing risks; (3) planning, training, and exercising; (4) capacity to respond and recover; (5) information sharing and communication; and (6) performance and accountability.

## What GAO Recommends

The February 2009 report made no new recommendations. This statement discusses the status of GAO's prior recommendations on the nation's planning and preparedness for a pandemic.

[View GAO-09-760T or key components.](#)  
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# INFLUENZA PANDEMIC

## Continued Focus on the Nation's Planning and Preparedness Efforts Remains Essential

### What GAO Found

- Leadership roles and responsibilities for an influenza pandemic need to be clarified, tested, and exercised, and existing coordination mechanisms, such as critical infrastructure coordinating councils, could be better utilized to address challenges in coordination between the federal, state, and local governments and the private sector in preparing for a pandemic.
- Efforts are underway to improve the surveillance and detection of pandemic-related threats in humans and animals, but targeting assistance to countries at the greatest risk has been based on incomplete information, particularly from developing countries.
- Pandemic planning and exercising has occurred at the federal, state, and local government levels, but important planning gaps remain at all levels of government.
- Further actions are needed to address the capacity to respond to and recover from an influenza pandemic, which will require additional capacity in patient treatment space, and the acquisition and distribution of medical and other critical supplies, such as antivirals and vaccines.
- Federal agencies have provided considerable guidance and pandemic-related information to state and local governments, but could augment their efforts with additional information on state border closures and other topics.
- Performance monitoring and accountability for pandemic preparedness needs strengthening. For example, the May 2006 *National Strategy for Pandemic Influenza Implementation Plan* does not establish priorities among its 324 action items and does not provide information on the financial resources needed to implement them.

The recent outbreak of the H1N1 influenza virus should serve as a powerful reminder that the threat of a pandemic influenza, which seemed to fade from public awareness in recent years, never really disappeared. While federal agencies have taken action on 13 of GAO's 23 recommendations, 10 of the recommendations that GAO has made over the past 3 years are still not fully implemented. With the possibility that the H1N1 virus could return in a more virulent form in a second wave in the fall or winter, the administration and federal agencies should turn their attention to filling in the planning and preparedness gaps GAO's work has pointed out.