



King County

Metropolitan King County Council Committee of the Whole

STAFF REPORT

Agenda Item No.: 5	Date: 29 Oct 2007
Ordinance No.: 2006-0594	Prepared by: Nick Wagner

SUBJECT

Approval of the Executive's proposed Work Plan for Avian and Pandemic Flu Response (the plan for spending the funds saved by purchasing Tamiflu antiviral medicine at a reduced rate).¹

BACKGROUND

In late 2005 the Council approved by Ordinance 15348 the Executive's request for an appropriation of \$5.96 million for pandemic flu preparedness. The proposed allocation of the funding included:

- \$4,760,000 to buy antiviral medicine (Tamiflu);
- \$700,000 for public outreach and information; and
- \$500,000 for a medical surge capacity plan.

The County had negotiated with the manufacturer of Tamiflu (Hoffman-LaRoche) to pay \$40 per course of treatment, which was a significant discount from the price charged to private sector entities. At that price the Executive proposed to purchase 119,000 courses of treatment, enough to cover the 59,000 patients who were predicted to need hospitalization during a severe pandemic in King County and the 60,000 health care workers and first responders who might become ill.

Subsequent to the original appropriation, local governments were granted the opportunity to purchase Tamiflu through state health departments for \$19.24 per course of treatment—slightly less than half the County's directly-negotiated price. Subsequent to that, Executive staff, together with Washington State officials, found a way to buy Tamiflu through a federal purchasing program for state agencies at \$14.43 per course of treatment—an even steeper discount.

The U.S. National Pandemic Influenza Plan specifies a target stockpile sufficient to treat 25% of the population. For King County, the 25% target is equal to about 450,000 courses of treatment. The CDC is in the process of building a portion of the 25% stockpile for each State. The CDC's plan includes specific numbers of courses of treatment that would be delivered directly to each

¹ This plan is *not* the "Tier 3" revision of the comprehensive Pandemic Influenza Response Plan. That plan would be approved by a separate proposed ordinance, 2007-0168, which is tentatively scheduled to be considered by the Committee of the Whole on November 5th. *See* note 2 below.

state in the event that a pandemic emerges. Each state then assumes responsibility for distribution within its boundaries. Assuming the CDC-sourced stockpile for Washington State is distributed according to county population, the share available from this stockpile for King County is about 260,000 courses. This leaves 190,000 courses remaining for King County to reach the 25% target (450,000 – 260,000).

The Executive proposed that the County use part of the savings from the lower price for Tamiflu to increase King County’s purchase to 190,000 courses, which, combined with the CDC-sourced stockpile, would allow the County to reach the 25% target. The cost to the County would be: 190,000 courses @ \$14.43/course = \$2.74 million. This represents a savings of \$2.02 million from the original anticipated cost of \$4.76 million.

In September of 2006 the Council approved by Ordinance 15597 the carryover to 2006 of the \$4,760,000 that had been appropriated for Tamiflu but had not been spent in 2005. Ordinance 15597 contained several provisos, one of which withheld \$800,000 of the appropriated funds until the Executive had prepared a plan for how to spend the \$2.02 million savings and the Council had approved the plan.²

SUMMARY OF PROPOSED LEGISLATION

The Executive’s plan for spending the \$2.02 million in Tamiflu savings is Attachment 4 to this staff report. Proposed Ordinance 2006-0594, if adopted by the Council, would approve the plan and thereby release the funds that were subject to the relevant proviso in Ordinance 15597.

The elements of the Executive’s plan and the funding allocated to each element are listed below. The elements are described in detail in Attachment 4.

A. Prepare Our Citizens; Protect Our Health Care System and Community:

1. Audience Research	\$40,000
2. Outreach and Education	\$135,000
3. Stop Germs Campaign	\$75,000
4. Vulnerable Populations Assessment	\$350,000
5. Training	\$200,000
Subtotal	\$800,000

² Technically, Ordinance 15597 added the proviso to the 2006 budget ordinance (Ordinance 15333). A separate proviso that Ordinance 15597 added to Ordinance 15333 withheld \$200,000 pending Council review and approval of the Executive’s “Tier 3” revision of King County’s Pandemic Influenza Response Plan. The Executive has transmitted the revised Response Plan, together with Proposed Ordinance 2007-0168, which would approve the plan and release the withheld funds. Proposed Ordinance 2007-0168 is tentatively scheduled for consideration by the Committee of the Whole on November 5th.

B. Augment and Expand Capabilities for Responding to Avian and Pandemic Influenza:

- | | |
|---|-----------|
| 1. Call Center Capability | \$100,000 |
| 2. Health Care Coalition Development | \$50,000 |
| 3. Public Health Response | \$285,000 |
| 4. Critical Care, Ambulatory Care, and Triage | \$383,300 |

Subtotal \$818,300

C. Create New Capacity to Manage a Surge of Patients:

- | | |
|------------------------------|-----------|
| 1. Alternate Care Facilities | \$100,000 |
| 2. Emotional Support | \$150,000 |

Subtotal \$250,000

D. Caring for the Living by Respectfully Managing the Dead – Mortuary System Capacity Building

\$150,000

E. Total \$2,018,300

A substantial portion of the plan has already been carried out. A summary of the amounts spent to date, to the extent that those figures are currently available, is Attachment 5 to this staff report.

AMENDMENTS

There is (1) a proposed body amendment that corrects two statutory references and a typographical error and (2) a proposed title amendment that corrects the reference to the name of the document that is being approved. These are technical, not substantive, amendments.

REASONABLENESS

The elements of the Executive’s Work Plan for Avian and Pandemic Flu Response, as listed above and described in detail in Attachment 4 to this staff report, are consistent with, and partially implement, the Pandemic Influenza Response Plan that the Council approved in March of 2006 in Ordinance 15596 (the “Tier 1-2” Response Plan).

Passage of Proposed Ordinance 2006-0594, as amended, would constitute a reasonable policy and budget decision by the Council.

INVITEES

1. Michael Loehr, Manager, Preparedness Section, Department of Public Health
2. Caroline Whalen, Program Project Director, Department of Executive Services

ATTACHMENTS

1. 2006-0594 Amendment A1 (p. 5 of these materials)
2. 2006-0594 Title Amendment T1 (p. 7)
3. 2006-0594 Proposed Ordinance (p. 9)
4. Work Plan for Avian and Pandemic Flu Response, January – December 2007
(Attachment A to Proposed Ordinance 2006-0594) (p. 11)
5. Executive Staff's Summary of Amounts Spent Pursuant to Work Plan (p. 21)
6. Transmittal Letter (p. 23)

October 29, 2007

A1

nw

Sponsor: Phillips and Hague

Proposed No.: 2006-0594

1 **AMENDMENT TO PROPOSED ORDINANCE 2006-0594, VERSION 1**

2 On page 1, line 6, delete "15348" and insert "15597".

3 On page 1, line 8, delete "\$4, 760,000" and insert "\$4,760,000".

4 On page 1, line 11, delete "15348" and insert "15597".

5

6 **EFFECT: Corrects two statutory references and a typographical error.**

October 29, 2007

T1

nw

Sponsor: Phillips and Hague

Proposed No.: 2006-0594

1 **TITLE AMENDMENT TO PROPOSED ORDINANCE 2007-0594, VERSION 1**

2 On page 1, lines 1-2, delete "King County Pandemic Influenza Response Plan" and insert
3 "Work Plan for Avian and Pandemic Flu Response".

4

5 **EFFECT: The amendment corrects the reference to the name of the document that**
6 **is being approved.**



Signature Report

October 26, 2007

Ordinance

Proposed No. 2006-0594.1

Sponsors Phillips and Hague

1 AN ORDINANCE relating to approval of the King County
2 Pandemic Influenza Response Plan.
3

4 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

5 SECTION 1. Findings:

6 A. Ordinance 15348, Section 1, which amended Ordinance 15333, Section 81,
7 declared that \$800,000 shall not be expended or encumbered until the executive transmits
8 and the council adopts an ordinance approving a plan for how the \$4, 760,000 of this
9 appropriation previously allocated through Ordinance 15348 for the purchase of antiviral
10 medications shall be expended. The plan shall be filed by December 4, 2006.

11 B. In accordance with Ordinance 15348, Section 1, which amended Ordinance
12 15333, Section 81, the Work Plan for Avian and Pandemic Flu Response has been
13 submitted to the county council for its review and approval.

14 SECTION 2. The council hereby accepts and approves the Work Plan for Avian
15 and Pandemic Flu Response January – December 2007, Attachment A to this ordinance.
16

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

ATTEST:

APPROVED this ____ day of _____, _____.

Attachments A. Public Health Preparedness--Work Plan for Avian and Pandemic Flu Response--
January-December 2007--Dated December 4, 2006

Public Health Preparedness Work Plan for Avian and Pandemic Flu Response January – December 2007

Overview

Projections regarding the medical impacts of a severe influenza pandemic, based on methodology included in the National Pandemic Response Plan, estimate that King County may experience 60,000 patients requiring hospitalization during a six to ten week period. In addition, 250,000 persons may require outpatient (non-hospital) medical care during this same time period.

A. Prepare Our Citizens, Protect Our Health Care System and Community

Audience Research

\$40,000

Even the best preparedness plans require the support of the public behind them. They must be clearly communicated so that the public will be able to understand what they need to do to protect their health and the health of the community. We will need to communicate about such critical issues as access to health care, the use of limited medications, the need for social distancing, how to care for influenza patients at home, and what to do when a loved one dies. We cannot afford to miss the mark on these messages.

Audience research with vulnerable populations is especially important. With such diverse cultural practices, beliefs, and languages in King County, we need to ensure our messages are culturally and linguistically competent. They must also be appropriate for the deaf, blind, and physically disabled.

We propose to:

- Conduct formative research using interviews with key informants from community based organizations and vulnerable populations.
- Pretest pandemic flu messaging using focus groups recruited from the general public and vulnerable populations.

The data and reports resulting from this research will be used to inform and test the efficacy of pandemic flu communications.

Outreach and Education

\$135,000

To bolster the preparedness capacity of community based organizations and the public, we propose to:

- Provide technical assistance to a wide range of partners including child care centers (630), school districts (19), long term and adult care facilities (125+), and homeless shelter providers. Through this work we will address emergency plan development, social distancing impacts on operations, business continuity planning during a medical crisis, and personal preparedness to both agency staff and clients (which began in Fall 2006 and must continue).
- We propose to develop and distribute a series of short educational videos that will help us educate schools, health facilities, businesses, community-based organizations, and the general public about measures they will need to take during a pandemic. Possible topics for these videos include:
 - What to expect during an influenza pandemic.
 - Infection prevention procedures.
 - Reconfiguring work environments for social distancing.
 - Planning for business continuity.

We plan to make videos widely available through distribution of DVDs, web-casting, and community access television.

Video will be more effective than print in conveying many messages. It can visually show how work environments, public areas, and other spaces will need to be set up so that there is sufficient social distancing. Workers, students, and members of the public will comprehend such important procedures as how to correctly use masks, how to care for someone who has influenza, and proper hygiene etiquette if they are demonstrated in a video.

Stop Germs Campaign

\$75,000

Much of the work that we began in public education during 2006 must continue. We will continue the following:

- Stop Germs, Stay Healthy campaign: funds to purchase more airtime on television and radio for airing the Stop Germs public service announcement; educational messages in movie theaters and bus boards.
- Message development: preparing key messages to deliver during a pandemic, such as instructions for accessing health care; explanations of social distancing measures; protocol for vaccine distribution; and rationale for school closures and health care changes.

- Materials distribution: printing and shipping costs for pandemic flu educational materials.
- Translation of public education materials into Vietnamese, Chinese, Russian, Spanish, Somali, Korean, and Braille; closed-captioning of public service announcements.
- Adapting and extending the Washington State Department of Health pandemic flu education campaign to meet the needs of Limited-English-Proficient groups in King County. Include broadcast and print media.

Vulnerable Populations Assessment

\$350,000

Significant progress has been made over the past eight months in preparing to address the needs of vulnerable populations during disasters. However, we need to expand and accelerate our efforts. The multiple needs of vulnerable populations are exacerbated by emergency situations, and many of our partners are just beginning their preparedness efforts. It is important that our community partners see this work as more than a one-time effort, that the Seattle-King County Department of Public Health (DPH) is committed to enhancing the preparedness of vulnerable populations and the agencies who serve them. We propose to:

- Expand capability assessments and needs assessments to include King County government divisions who serve vulnerable populations.
- Create a network of best practices among county government departments and community based organizations that will enhance the county's overall capability to serve vulnerable populations.
- Refine emergency response protocols and public education materials for community based organizations based on the results of assessment work.

Training

\$200,000

The training needs of our response partners are numerous and critical. We propose the following:

- Develop and deliver medical training to ambulatory care, hospital, and Public Health medical staff to enhance personal protection and reduce absenteeism during a crisis.
- Develop and deliver training and technical assistance (infection control, social distancing, and business continuity) to community based organizations to build capacity and response capabilities.
- During a flu pandemic, we will activate a Public Information Call Center (PICC) staffed by trained Public Health personnel to communicate crucial non-medical

information, instruction and resource referrals to the public. By calling the PICC, residents can get the information they need to make the best decisions for their health without going to a healthcare provider. This in turn reduces the strain on health care facilities.

We anticipate that many residents who call the PICC will have special needs or will be under significant emotional duress. PICC staff would greatly benefit from training from the Crisis Clinic in how to work effectively with distressed callers. Additional training is needed from the 911 TTY staff at the Hearing, Speech, and Deafness Center on how to provide service to hearing and speech impaired callers.

- We propose to provide advanced training to public health leadership in risk communication, with an emphasis on preparing them to respond on camera. Effective communication with the public is vital to build public trust, support response and recovery efforts, and reduce rumors and misinformation. Public Health leaders must be ready to handle the intensity of media demands and deliver key health messages with compassion, clarity, and consistency. Skillful communication is even more challenging at the outset of a pandemic, when the situation is uncertain and media pressure is high.
- We will conduct a “pandemic flu roundtable” that brings news organizations, emergency responders, and public health professionals face-to-face will advance the media’s understanding of pandemic flu issues and promote more accurate news reporting. It will provide an opportunity for news organizations to:
 - Receive an up-to-date briefing about pandemic flu
 - Discuss pandemic flu response with public health and emergency response experts, and
 - Learn what they need to do to protect their employees and keep their operations running during a pandemic.

In turn, Public Health can use the roundtable to develop stronger partnerships with the media and gather feedback from the press about how best to deliver information updates to them. The Dart Center for Journalism and Trauma at the University of Washington is a potential partner for this event.

The media are our crucial partners in public education about pandemic flu. If news organizations run accurate, substantive news stories about pandemic flu now, the public will be better prepared and able to accept the health measures that will be necessary when a pandemic arrives. During a pandemic, the news media will also be the chief conduit of vital information that will help protect the health of the community. We need local news media to be informed and prepared for a pandemic.

B. Augment and Expand Capabilities for Responding to Avian and Pandemic Influenza

Call Center Capability

\$100,000

Since social interaction will be discouraged during a pandemic, we need to enhance several communications systems to handle the increased phone activity we anticipate during a pandemic event. To best prepare for this anticipated volume, we propose to:

- Leverage Homeland Security funding to assess call center capabilities across the King-Pierce-Snohomish Region.
- Implement recommendations identified through the assessment process to create region-wide telephone and web-based call center and triage capabilities.
- Link current capabilities existing within hospitals, ambulatory care centers, Crisis Clinic, Washington State Poison Control Center, and 911 dispatch centers.

Health Care Coalition Development

\$50,000

We propose to:

- Work with the Executive Council of the countywide Health Care Coalition to develop and implement a communications plan for the Coalition that addresses:
 - Internal communications among Coalition members.
 - External communications between the Coalition and other health care organizations and providers, public officials, emergency preparedness personnel.
 - External communications with the media and the public.
- Create a Regional Medical Resource Center as an operational tool for countywide health and medical resource coordination during emergencies.
- Support health care partners in identifying, evaluating, acquiring and implementing resource and information management software that will track region-wide health and medical assets during emergencies and disasters.

Public Health Response

\$285,000

- Enhance Public Health's capacity to register, train, equip and deploy medical volunteers during a pandemic, through the Public Health Reserve Corps (PHRC), to

support the health care system response and expand the overall numbers of volunteers registered in the PHRC to support the care system.

- Build capacity within King County to detect and respond to avian flu outbreaks by:
 - Strengthening liaison & coordination with Departments of Agriculture and Fish & Wildlife for avian flu agricultural terrorism preparedness.
 - Increase avian flu surveillance and capacity for GIS mapping, database management, and Dycast modeling of bird deaths.
 - Expand interagency coordination of avian flu control and increase technical assistance to municipalities, agencies and the general public.

Critical Care, Ambulatory Care, and Triage

\$383,300

- Develop countywide critical care protocols and alternate standards of care for use during disasters, protocols and guidelines for their implementation, and training for medical staff in ambulatory and hospital settings.
- Enhance the capacity of all hospitals (23) and ambulatory care facilities to expand triage and evaluation. Link plans to telephone call center and web-based triage projects.
- Develop in-patient and out-patient response plans for medical disasters with hospitals and ambulatory care partners incorporating revised protocols, and best practices for expanding capacity within facilities based on emergency management zones.
- Conduct capacity inventory and surge capability assessment with the ambulatory care system and fully integrate ambulatory care system partners into the Regional Medical Resource Center.
- Develop response protocols including continuity and surge response plans to ensure public health centers can be quickly realigned to implement mass triage and patient screening capabilities as a pandemic unfolds.
- Identify, acquire and store a cache of medical equipment and supplies including Personal Protective Equipment (PPE) for first responders and medical staff, and equipment sufficient to activate and operate alternate care facilities.
- Enhance communications capabilities and redundant systems within the ambulatory care system.

C. Create New Capacity to Manage a Surge of Patients

Alternate Care Facilities

\$100,000

We propose to:

- Identify Alternate Care Facilities capable of providing 10,000 supportive care beds (approximately 40 facilities) for sick persons across three emergency planning zones.
 - Develop logistical support plans, security assessments, medical staffing plans, and acquire needed supplies.
 - Ensure plans incorporate provisions for medical liability, facility licensing, use of community volunteers, incorporation of the faith based community and cultural/ethnic leaders, and logistical support from key response partners.
- Coordinate with hospitals, Emergency Medical Services and emergency management partners across King County to ensure the appropriate management and operational structure for Alternate Care Facilities, including logistical support and staffing, are developed and consistent with the Regional Disaster Plan and local emergency response plans.
- Coordinate with the Vulnerable Populations Action Team (VPAT) and community based organizations to identify alternate care facility space specifically for the homeless and shelter dependent populations.
- Ensure all Alternate Care Facilities have sufficient emergency communications capabilities in place to link with Public Health, hospitals, and EMS units.

Emotional Support

\$150,000

We propose to:

- Convene a countywide task force with broad representation to collaborate and develop capabilities for meeting the psycho-social impacts of public health and medical emergencies.
 - Include within this task force the capability to activate and operate a Family Assistance Center during a health and medical emergency involving a large number of deaths.
 - Develop capacity to address the needs of 70,000–100,000 persons (6–10 for each fatality) throughout the course of a pandemic.

- Initiate a Palliative Care Planning effort in conjunction with local hospitals, mental health providers, the faith based community and community based organizations to build new capabilities for supportive care in homes and alternate care facilities.
- Commence planning work with Long Term Care agencies, nursing homes and home health agencies and integrate them into the Healthcare Coalition. Identify key agencies and linkages across the health care system to support this effort.
- Perform an assessment of organizational preparedness and planning for long term care agencies, nursing homes and home health agencies. Provide technical assistance to organizations for operational planning.
- Ensure that long term care agencies, nursing homes and home health agencies are educated on and connected with healthcare coalition operations, including the regional medical resource center and sources of health information.

D. Caring for the Living by Respectfully Managing the Dead

Build Capacity in the mortuary service system

\$150,000

We propose to:

- Identify sites to serve as alternate morgue facilities to accommodate up to 11,000 fatalities during severe influenza pandemics or other large scale health and medical emergencies.
 - Develop logistical support plans, security assessments, and acquire needed supplies.
 - Ensure plans incorporate the faith based community and cultural/ethnic leaders, and logistical support from key response partners.
- Incorporate funeral home directors (30+ funeral homes in King County), the faith based community, hospitals and the private sector in identifying surge capacity for management, transportation, and storage of fatalities, and support of families.

Public Health - Seattle and King County

December 4, 2006

Public Health Preparedness
Work Plan for Avian and Pandemic Flu Response
January – December 2007

Tamiflu Purchase

190,000 courses at \$ 14.43 per course	\$	2,741,700	
			\$ 2,741,700

Pandemic Influenza Response Program Capacity Building

A. Prepare Our Citizens, Protect Our Health Care System and Community

Audience Research	\$	40,000	
Outreach and Education	\$	135,000	
Stop Germs Campaign	\$	75,000	
Vulnerable Populations Assessment	\$	350,000	
Training	\$	200,000	
			\$ 800,000

B. Augment and Expand Capabilities for Responding to Avian and Pandemic Influenza

Call Center Capability	\$	100,000	
Health Care Coalition Development	\$	50,000	
Public Health Response	\$	285,000	
Critical Care, Ambulatory Care, and Triage	\$	383,300	
			\$ 818,300

C. Create New Capacity to Manage a Surge of Patients

Alternate Care Facilities	\$	100,000	
Emotional Support	\$	150,000	
			\$ 250,000

D. Caring for the Living by Respectfully Managing the Dead

Mortuary system capacity building	\$	150,000	
			\$ 150,000

Project Total \$ **2,018,300**

Grand Total \$ **4,760,000**

Section and Account Expenditure Report for Year 2006 Year to Date

GRANTS FUND

Fund 000002140
 Dept 0803 PUB HTH PANDEMIC FLU PREP
 Div 5902 CX AWARD-PAN FLU PREPDNES

Class Account Account Description
 51100 51110 REGULAR SALARIED EMPLOYEE
 51100 51198 SALARIES & WAGES REIMB

	<u>Appropriation</u>	<u>Budget</u>	<u>Actual</u>	<u>Encumbrance</u>	<u>Balance</u>
51100	Account Class Total		364,883.57		364,883.57-
51300 51315	FLEX BENEFIT COMBINED CHG		1,964.00		1,964.00-
51300 51320	O A S I		751.43		751.43-
51300 51330	RETIREMENT		362.40		362.40-
51300 51398	LOAN IN/OUT BNFTS-MANUAL		103,330.81		103,330.81-

51300	Account Class Total		106,408.64		106,408.64-
52000 52211	PHARMACEUTICALS(NONRESALE		2,741,700.00		2,741,700.00-
52000 52998	SUPPLIES REIMBURSMENT		60,866.13		60,866.13-

52000	Account Class Total		2,802,566.13		2,802,566.13-
53000 53998	SVCS & OTH CHRGS REIMBRMT		399,646.43		399,646.43-

53000	Account Class Total		399,646.43		399,646.43-
55000 55410	DD-PROG SUPPORT PH		28,511.18		28,511.18-
55000 55998	INTRAGOVMTL SVC REIMBRMT		55,536.47		55,536.47-

55000	Account Class Total		84,047.65		84,047.65-
56000 56998	CAPITAL OUTLAY REIMBURMNT		11,830.58		11,830.58-

56000	Account Class Total		11,830.58		11,830.58-
59800 59899	CONTINGENCY RESERVE	5,960,000			5,960,000.00

59800	Account Class Total	5,960,000			5,960,000.00
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Division Total

3,769,383.00

Report Total

3,769,383.00

December 5, 2006

The Honorable Larry Phillips
Chair, King County Council
Room 1200
C O U R T H O U S E

Dear Councilmember Phillips:

I am transmitting for council adoption an ordinance that approves a work plan to expend savings on additional preparations for a pandemic influenza event. These savings occurred because King County was able to negotiate a lower price for courses of Tamiflu than anticipated. We have reinvested these savings into further preparedness actions. I am pleased to inform you that with this transmittal we have completed the terms of the Seattle-King County Department of Public Health proviso included in Ordinance 15333, to provide for the carryover from 2005 to 2006 of \$5.96 million in expenditure authority supporting the King County Pandemic Influenza Response Plan.

Section 81 of Ordinance 15333 included the following proviso:

“P1 PROVIDED THAT:

Of this appropriation, \$800,000 shall not be expended or encumbered until the executive transmits and the council adopts an ordinance approving a plan for how the \$4.76 million of this appropriation previously allocated through Ordinance 15348 for the purchase of antiviral medications shall be expended in the event that the county is able to purchase such medications at a price of lower than \$40 per course of treatment.”

Public Health has prepared the attached spending and work plan for funds allocated to pandemic influenza preparedness. The work plan has been modified to reflect how savings will be utilized to bolster our pandemic influenza response capacity within Public Health and across the health care system. Public Health was able to purchase Tamiflu at a reduced price from the initial estimate.

The Honorable Larry Phillips

December 5, 2006

Page 2

The proposed programs fall into four categories:

A. Prepare Our Citizens, Protect Our Health Care System and Community	\$800,000
B. Augment and Expand Capabilities for Responding to Avian and Pandemic Influenza	\$818,300
C. Create New Capacity to Manage a Surge of Patients	\$250,000
D. Caring for the Living by Respectfully Managing the Dead	\$150,000
Subtotal	\$2,018,300
Tamiflu Purchase	\$2,741,700
Total	\$4,760,000

These proposed projects were developed with broad input from Public Health and health care system experts. They comprise a broad and effective array of strategic initiatives that will help make our region one of the most prepared for the threat of pandemic influenza.

Please feel free to contact Dorothy Teeter, Interim Director, Seattle-King County Department of Public Health, at 206-296-1480, or Michael Loehr, Preparedness Section Manager, Seattle-King County Department of Public Health, at 206-205-5012 with any questions you might have.

Sincerely,

Ron Sims
King County Executive

Enclosures

cc: King County Councilmembers
 ATTN: Ross Baker, Chief of Staff
 Shelley Sutton, Policy Staff Director
 William Nogle, Lead Staff, Operating Budget Committee
 Anne Norris, Clerk of the Council
Bob Cowan, Director, Office of Management and Budget
Dorothy Teeter, Interim Director, Seattle-King County Department of Public Health
Michael Loehr, Preparedness Section Manager, Seattle-King County Department of Public Health