Influenza Coordination Unit

The Influenza Coordination Unit (ICU) is part of the Office of Infectious Diseases (OID) within the Centers for Disease Control and Prevention (CDC).



What is the Role of the ICU?

The Influenza Coordination Unit (ICU) continues to provide both the leadership and budgetary authority for pandemic influenza preparedness activities at CDC. A critical function of the ICU is its ability to convene key CDC stakeholders and focus their efforts on ways to ensure that CDC is well prepared for the next pandemic. As the agency transitions out of the 2009 H1N1 response and identifies key lessons from the pandemic, it is more critical than ever for the ICU to use the pandemic influenza budget to achieve the highest level of preparedness possible.

Following the successes of the 2009 H1N1 pandemic response, the ICU identified the following goals as opportunities for improved preparedness. These form the mission for the activities that follow in the focus areas:

- Early detection of human to human transmission
- Accelerated development of influenza vaccines
- Countermeasure distribution and tracking
- Budget preparedness (developing procedures to assure rapid emergency funding capabilities)

Pandemic Influenza Focus Areas

In order to provide clarity on the most critical issues that need both leadership attention and resource support, the ICU has developed the following list of priority activities that will be the focus of our pandemic influenza preparedness efforts during the next 1–2 years. These priorities represent the most important activities or goals within each of 9 different focus areas. While there are many activities that are integral to the success of each focus area, the ICU believes that CDC will be more prepared by focusing its attention on this subset of the overall pandemic preparedness portfolio.

Domestic Epidemiology, Surveillance, and Laboratory

Develop, test, and maintain a scalable capability to detect and define the epidemiology of infection with novel influenza viruses, including rapid assessment of populations most affected, determining clinical severity, and emphasizing the development of improved laboratory tests for influenza, as well as improved partnerships with commercial laboratories for influenza testing.

International Surveillance and Capacity Building

Develop in-country capacity to detect and respond to epidemics of severe respiratory illness, and improve relationships fostering information and virus sample sharing.

Vaccine Planning and Delivery

Shorten the interval between the identification of a novel influenza virus and the delivery of a safe and effective vaccine, including improving methods for virologic surveillance and seed strain selection.

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Medical Care and Countermeasures

Ensure the availability and effectiveness of medical countermeasures, particularly antiviral drugs.

Community and Border Protection Measures

Develop and test effectiveness of interventions and plans to implement community measures, especially school closures, to mitigate the impact of pandemic influenza.

State and Local Support/Coordination

Develop models for more effective public health response at the state and local levels and identify and publish useful and promising practices for state and local pandemic response.

At-Risk and Vulnerable Populations

Develop and implement strategies to improve communication with and countermeasure distribution to hard-to-reach/at-risk populations.

Communication

Implement a plan to integrate seasonal influenza communication platforms into strategies for pandemic influenza communication.

Response Readiness

Define CDC staffing, communications, and information management requirements to support a pandemic response and implement policies that will ensure a response can be adequately staffed with properly trained personnel.

Pandemic Influenza Scientific Agenda

The ICU and the Office of the Associate Director for Science coordinate a crosscutting Pandemic Influenza Scientific Agenda Research Program. The program has established a community of practice that allows for Scientific Agenda projects to share progress and foster opportunities for collaboration across CDC. Research is led by 23 Principal Investigators whose projects make up the program.

The Scientific Agenda Program aims to address critical knowledge gaps about influenza that have traditionally contributed to difficulty in developing evidencebased prevention and control strategies. It is funded through \$40 million in 2009 H1N1 pandemic supplemental funds.

Current projects address topics ranging from improving understanding of influenza transmission, to upgrading CDC's laboratory science, and analyzing the impact of social media on pandemic influenza communication efforts. The Principal Investigators report on progress regularly and are scheduled to come together for their second symposium in June 2011.

Information

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