



---

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

Unites States House Committee on Homeland Security

“Confronting the Coronavirus: Perspectives on the Response to A Pandemic Threat”

March 4, 2020

Testimony of

Ngozi O. Ezike, MD

Director

Illinois Department of Public Health

Chairman Thompson, Vice Chair Underwood, Ranking Member Rodgers, and distinguished members of the committee thank you for the inviting me to speak about the novel coronavirus or COVID-19 the preparedness and response efforts of the Illinois Department of Public Health (IDPH).

Since the first Illinois case was identified in January a strong federal, state, county, and local coordinated effort ensued and enabled our state to be a leader in addressing this rapidly developing outbreak.

In the aftermath of 9/11 Illinois steadily built a remarkable emergency response network, including a comprehensive public health emergency response system lead by IDPH and inclusive of our certified local health departments and Illinois’ hospitals. With ongoing federal support, Illinois has been able to conduct exercises such as last year’s Crimson Contagion, that prepared Illinois for outbreaks like COVID-19. A true reflection of our preparedness is found in the containment efforts at Chicago’s O’Hare airport and contact tracing of potentially exposed citizens; Illinois has demonstrated that its public health infrastructure is strong and prepared. We encourage Congress to continue and increase its financial support of state-lead preparedness and response through federal emergency supplemental legislation

Resources are essential to any response effort. Human and financial support are irreplaceable and necessary to protect the lives of all Americans. Understanding the costs and where extra support is needed is integral. As an example of this, IDPH and the Illinois Emergency Management Agency began tracking the costs of the outbreak at its inception. Similarly, local health departments, like the City of Chicago and Cook County are doing the same. While preliminary, the Illinois combined spending tops \$20 million dollars for the first five weeks of the outbreak. This committee may know that Illinois is a state with serious financial concerns; not unexpectedly, COVID-19 response was not in any of our budgets. Under the leadership of Governor JB Pritzker, IDPH has been able to take every step necessary to address COVID-19

recognizing that we would need to figure out how to pay for the response efforts at a later date, but our priority at the moment is protecting the health of the people in our state. . The State of Illinois encourages Congress to appropriate funds enough to reimburse Illinois and other states, territories and local health departments for the cost associated with COVID-19 response.

With respect to IDPH's working relationship with the federal government, Illinois is pleased with the responsiveness and collaboration with federal agencies including the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). Illinois is grateful that CDC quickly deployed resources to Illinois in response to the first two cases in the state and has been equally supportive now that there are third and fourth cases. The FDA's prompt response when Illinois' Congressional delegation requested immediate approval of an Emergency Use Authorization for the COVID-19 Rapid PCR test has been invaluable in the state's approach to containing illness. Illinois was the first state in the US to validate CDC's COVID-19 test and now has all three of its state laboratories running samples. These three laboratories began statewide sentinel surveillance testing this week, enabling Illinois to determine if COVID-19 is circulating in the community among persons with no travel exposures and no known exposures to confirmed cases.

Our success in testing raises a new concern, whether we will have enough reagent to maintain or increase our testing in Illinois. Even so, Illinois has a finite amount of reagent on hand and needs assurance that CDC can provide an uninterrupted supply of testing materials. The ability of states like Illinois to test samples lessens the burden on the CDC, especially at this moment when not every state is able to test samples. To support this, the state of Illinois encourages CDC to expedite additional reagent shipments to Illinois and other states.

Federal funding to Illinois, and other states, territories and local health departments supported us in our current ability. Preparedness funding ensures that Illinois has plans in place that are exercised and ready to deploy when necessary. From both virtual and actual exercising of the state's public health emergency response, there was immediate action to address COVID-19. Historically, Illinois has utilized and proven its capabilities in the past when responding to the domestic cases of, SARS (2002), H1N1 (2009), MERS (2014), Ebola (2014), Zika (2016), and other high-profile diseases. IDPH recently participated in Crimson Contagion, a national exercise that used a COVID-19-like outbreak in the US. The training and preparation have been decades in the making and Illinois is capably managing the current and anticipated workload. However, surge capacity remains something that states like Illinois are not able to sustain for extended periods of time and therefore emergency supplemental funding is necessary.

Public health infrastructure such as data management, information sharing, and operations management are essential for day-to-day function in public health, but vital in a public health emergency. Illinois can now resource public health emergencies and track key indicators. For example, during this response, the state health department is closely monitoring the availability of airborne infection isolation rooms or AIIR beds. These Isolation rooms are proving critical in the treatment of COVID-19 patients by controlling the spread of COVID-19 to the public and healthcare workers. IDPH inventories AIIR beds daily as an indicator of disease rates and to adjust surge capacity estimates. An important support for this capability comes from the Assistant Secretary of Preparedness and Response Hospital Preparedness Program (HPP). The

department of health has partnered with Illinois' health care industry over the years in a way that was not there 20 years ago. Understanding where to send patients, and adjust accordingly, in a cohesive response, saves time, lives, and valuable resources.

Available isolation and quarantine space are another area where federal support is needed. When a person under investigation is put in isolation or quarantine, it is sometimes not possible to house that person in their home. It is incumbent upon the local and state health departments to find housing for the person until they are cleared. Given the transmissibility of COVID-19, quarantine sites are required to house these persons. It has been challenging to find commercial establishments willing to take quarantine patients for the required 14-day period. When COVID-19 began in Illinois, the City of Chicago was given very little time to set up screening operations at O'Hare and establish a requisite quarantine site. Chicago has continued to maintain both its screening operation and quarantine site at an enormous cost to the City. Without reimbursement and ongoing money for future expenses, Chicago and governments like it will struggle to maintain these critical public health interventions. The federal government should increase its assistance to states in meeting the housing and isolation needs of citizens exposed to COVID-19.

IDPH partners with state-certified local health departments and hospitals to ensure Illinois has a robust and effective health care system. That relationship requires IDPH to provide personal protective equipment (PPE) to its partners when usage rates drain normal inventories. This highlights another concern that federal authorities should soon act upon, the PPE Shelf Life Extension Program (SLEP). Illinois and perhaps all other states have significant stores of federally supported PPE. As a recipient from the Strategic National Stockpile (SNS), Illinois is required by law to preserve outdated PPE until dispositioned by the federal government. In most cases, the original manufacturer's expiration date has past, rendering the PPE unusable. The SLEP allows the federal government to test certain lot numbers for efficacy and then extend the expiration date of successful lots allowing the PPE to be used. Let me be clear, IDPH has not exhausted its stores of in date PPE, however, usage rates could change. We urge the federal government to evaluate the SNS and provide states with extensions for COVID-19 intensive supplies, namely N95 respirators, isolation gowns, latex gloves and eye shields.

As COVID-19 is anticipated to spread throughout the country, additional attention must be given to mitigation strategies that state and local public health employ. Illinois for example has a pandemic flu plan that IDPH will utilize during the upcoming month. Illinois is evaluating triggers for changing public behaviors and implementing community mitigation strategies. We understand that these triggers may be local or regional based upon population and other factors, making a one-size-fits-all approach infeasible for Illinois. COVID-19 appears to impact the elderly population with co-morbidities and therefore we are working with long term care facilities to implement mitigation strategies aimed at protecting our most vulnerable citizens.

In addition to community mitigation approaches we encourage the public to employ their own strategies to keep themselves healthy such as frequent handwashing, staying home when ill, eating and sleeping well. Individuals should take care to rely on trusted sources of information such as CDC or their state and local health department in order to get the most up to date and accurate information as possible. In the

public health community we are gravely concerned that misinformation and fear will spread faster than the illness itself.

Public health security is homeland security. Our country is nothing without the health of its people and we can all work together to ensure that we continue to support this response and decrease the potential negative impact on Americans.

In closing, I wish to again thank the committee for its invitation and attentiveness to Illinois' successes and challenges in responding to COVID-19.