**Library**

**Data collection**

The modern biothreat can be viewed as a tripartite construct that consists of intentional acts, emerging infectious diseases (EID) from nature, and accidents. Preparedness for that threat may be specific to one of those elements, to individual pathogens of concern, or may be approached generally as “all-hazards.” This library is designed to primarily capture documents relating to federal/national and global officials’ awareness of the EID or naturally-occurring pandemic threat and the risk from that threat. The researchers did not specifically seek information related to intentional acts and biological accidents, but did not exclude such documents where they were relevant to pandemic preparedness in general. All-hazards items captured by the search were included only if they also directly addressed the nexus between all-hazards preparedness and infectious disease. The library includes items published from January 1, 1995 – December 31, 2019.

**Global**

The research team collected documents online from multiple global sources and excluded those meeting any of the following criteria:

* Items published outside of January 1, 1995 – December 31, 2019.
* Items solely focused on endemic diseases or those typically addressed by the global health (as opposed to global health security) community, e.g., HIV, TB, malaria, and noncommunicable diseases.
* Fact sheets on diseases.
* The following items were also excluded except where noted in this Documentation:
  + Items strictly about bioterrorism and/or biosafety/biological accidents.
  + Items focused on a single country.
  + Items not in English.

Global sources were reviewed for relevant documents. The search strategy varied among them, for instance depending on the sophistication of their websites’ search functionality, or whether the site provided its own relevant terms for grouping. Global sources currently included in Health Security Net include:

1. **Food and Agriculture Organization of the United Nations (FAO)**: FAO holds biennial conferences to discuss and review programs and provide guidance for Member States on health-related activities. Resolutions and decisions from each conference are published in the conference report at <http://www.fao.org/unfao/govbodies/gsbhome/conference/conference-reports/en/>. Because resolutions and decisions are not published separately from the full conference report and the search function is not sufficiently advanced to search only for terms within the resolutions and decisions, the research team was unable to employ the comprehensive list of search terms used for other entities (e.g., see United States hearing section). The research team therefore reviewed the table of contents of each report from 1995-2019 for the titles of the resolutions and decisions to determine their relevance to pandemics. If the title included the search terms, it was captured; if it contained terms that may otherwise be relevant to infectious disease in the judgement of the researcher, the contents were reviewed to determine inclusion or exclusion.
2. **United Nations General Assembly (UNGA)**: The United Nations Digital Library (<https://digitallibrary.un.org/?ln=en&as=1>) was searched in the primary search field for “pandemic” using *All of the words* and *any field*. Full text search was by default not toggled on, resulting in 142 hits for UNGA; despite this, the search appeared to capture documents with the search term in the body of the document, not just the title. This search methodology as applied to the Digital Library was not perfectly sensitive; in some cases, upon reading the captured resolutions, the researchers found references to additional resolutions about pandemics, and these were searched for directly and added to the database if relevant. (In some cases, the captured record did not have the word “pandemic” at all.) Once the dataset was ready, exclusion criteria were applied.
3. **United Nations Security Council (UNSC)**: Based on the experience and judgement of Center faculty, the following UNSC resolutions were deemed relevant to global health security within the years 1995–2019: 1308, 1983, 2177, and 2439. Each of these was logged into the database. The text of each was also reviewed for mentions of other resolutions, exclusion criteria were applied, and any that remained were captured into the database. (All such entries met exclusion criteria and thus are not represented in the database.)
4. **World Organisation for Animal Health (OIE)**: OIE holds annual conferences to discuss and review programs and provide guidance for Member States on health-related activities. Resolutions and decisions from each conference are published at <https://www.oie.int/about-us/key-texts/resolutions-and-recommendations/resolutions-adopted-by-the-world-assembly-of-delegates-of-the-oie/>. Because resolutions and decisions are not published separately from the full conference report and the search function is not sufficiently advanced to search only for terms within the resolutions and decisions, the research team was unable to employ the comprehensive list of search terms used for other entities (e.g., see United States hearing section). The research team therefore reviewed the table of contents of each report from 1995-2019 for the titles of the resolutions and decisions to determine their relevance to pandemics. If the title included the search terms, it was captured; if it contained terms that may otherwise be relevant to infectious disease in the judgement of the researcher, the contents were reviewed to determine inclusion or exclusion.
5. **World Health Assembly (WHA)**: WHA holds annual conferences to discuss and review programs and provide guidance for Member States on health-related activities. Resolutions and decisions from each conference are published at <https://apps.who.int/gb/index.html>. Because resolutions and decisions are not published separately from the full conference report and the search function is not sufficiently advanced to search only for terms within the resolutions and decisions, the research team was unable to employ the comprehensive list of search terms used for other entities (e.g., see United States hearing section). The research team therefore reviewed the table of contents of each report from 1995-2019 for the titles of the resolutions and decisions to determine their relevance to pandemics. If the title explicitly included the search terms, it was captured; if it contained terms that may otherwise be relevant to infectious disease in the judgement of the researcher, it was reviewed to determine inclusion or exclusion.
6. **World Health Organization (WHO)**: WHO documents located in the Institutional Repository for Information Sharing (IRIS) database were searched (<https://apps.who.int/iris/>). Because many of our desired search terms (see United States—Hearings section below) returned thousands of results, and IRIS can only export 500 at a time, the research team instead used the “MeSH” subject categories that IRIS uses to organize its topics. In the IRIS database, we manually searched the “MeSH subjects” category and chose relevant subjects (number of records in parentheses): Coronavirus Infections (133); Ebola Vaccines (24); Ebolavirus (430); Epidemics (138); Epidemiological Monitoring (1284)—in English, 519; Infectious Disease; Medicine (2); Infectious Disease Transmission, Patient-to-Professional (16); Infectious Disease Transmission, Professional-to-Patient (6); Infectious Disease Transmission, Vertical (280); Infectious hazards (1); infectious hazards (1); Influenza (3); Influenza A virus (60); Influenza A Virus, H1N1 Subtype (183); Influenza A Virus, H1N2 Subtype (6); Influenza A Virus, H3N2 Subtype (4); Influenza A Virus, H5N1 Subtype (5); Influenza A Virus, H5N2 Subtype (3); Influenza A Virus, H7N9 Subtype (5); Influenza B virus (36); Influenza Vaccines (455); Influenza, Human (971); Influenza, Human A virus (1); Influenza, Human vaccine (1); Influenza Humanvirus B (1); Influenzavirus A (12); Influenzavirus B (10); Medical Waste (31); Medical Waste Disposal (43); Middle East Respiratory Syndrome Coronavirus (41); Public Health Surveillance (488); and SARS Virus (35).

The following terms from the team’s broad list of terms (see United States section) appeared as MeSH terms (number of records in parentheses): biosurveillance (1); coronavirus (10); influenza (1); pandemics (760); Severe Acute Respiratory Syndrome (103). In addition to these MeSH search terms, we also searched for these specific situation reports: 2001 anthrax attacks (Amerithrax); 2003 SARS; 2005 H5N1; 2009 H1N1; 2013 MERS; 2014-2016 Ebola (i.e., West Africa); 2016 Zika; 2018-2020 Ebola (i.e., Democratic Republic of the Congo). We entered these terms into the IRIS search bar within quotations. “All of IRIS” was selected in the search bar. The following filters were added: Subject MeSH—Contains—“term”; Language—Equals English; Date issued—Not equals—2020. We repeated these steps for each MeSH term.

“Weekly Update” reports and country-specific items were excluded from the captured sources; regionally-oriented WHO reports were excluded in the first round of data collection. Others that in the researchers’ expert judgement were irrelevant to health security were also excluded. During our data collection starting February 2021, we gathered WHO regional organization documents using the same methodology. We used all of the same MeSH terms and filters, with the addition of one filter: Author—contains—Regional Office.

**National (United States)**

The research team compiled United States documentation in the form of congressional hearings, government reports and other documents, and third-party reports and other documents. In most cases, a list of 25 search terms were deployed to capture a broad array of hits relevant to pandemics (see details below). The team excluded documents meeting any of the following criteria:

* Items outside of January 1, 1995 – December 31, 2019.
* Items solely focused on endemic diseases or those typically addressed by the global health (as opposed to global health security) community, e.g., HIV, TB, malaria.
* Fact sheets on diseases.
* Items strictly about bioterrorism and/or biosafety/biological accidents were excluded except where noted in this Documentation.

The research term sought information from the following sources:

1. **Hearings:**The website [www.congress.gov](https://www.congress.gov/) was used as a primary source of information on congressional activity by way of the Congressional Record (CR). The CR captures committee activity in the form of committee hearings, briefings, and business meetings. Records were sought using the following keyword searches:

*biodefense; biological threat; biopreparedness; biosurveillance; biothreat; CBRN; chemical, biological, radiological, and nuclear; coronavirus; Ebola; emerging infectious disease; global infectious disease; health security; infectious disease epidemic; influenza; MCM; medical countermeasure; medical preparedness; medical readiness; medical supply chain security; MERS; middle east respiratory syndrome; pandemic; public health response; SARS; severe acute respiratory syndrome*

Hits were reviewed for the two types of records that contain information on committee activity, the Daily Digest and Senate Committee Meetings. Each record was reviewed and the activity it represented categorized as a hearing, briefing, or business meeting. Hearings were the primary unit of interest, as they represent one of the most public forms of congressional oversight and information-gathering. Briefings, of which only a small minority are noticed in the CR, and business meetings, which almost always represent markups of legislation, were excluded. Exclusion criteria were applied after all hearings consistent with the search terms were identified. Some hearings used the topic of bioterrorism to discuss broader preparedness efforts also relevant to pandemics, and these were included. Some hearings identified from early in the timeframe parameters related to Department of Defense (DoD) budgets use terms like “health security” in a way different from the contemporary usage, or cover the topic of “health readiness” more broadly than this library is meant to capture; these were excluded. When the search occasionally resulted in an announcement for a hearing but no actual notice confirming that the hearing took place, additional research through [www.congress.gov](https://www.congress.gov/), [www.gpo.gov](https://www.gpo.gov/), or committee websites was undertaken to find a notice confirming that the hearing was held. Rarely no such notice can be found, and these hearings were excluded on the presumption that they were cancelled. On occasion when the research team was aware of relevant hearings not captured by any of the keywords, these were included for comprehensiveness. All hearing titles were copied from the relevant hearing report.

In addition to their inclusion in the library, the list of included hearings has also been made available as a [supplemental file containing additional metadata](https://www.healthsecuritynet.org/HealthSecurityNetCongressionalHearingsSupplement.csv). In this document, witness names and affiliations for each hearing were noted from the CR and other sources, including official committee reports available at [www.govinfo.gov](https://www.govinfo.gov/) and committee websites. Witness names were manually standardized to resolve spelling or other discrepancies. Each hearing was tagged as having occurred during either Democrat or Republican control of a given chamber.[1](https://www.healthsecuritynet.org/info/documentation/#endnote_1)[2](https://www.healthsecuritynet.org/info/documentation/#endnote_2) Some committee names changed across the data capture period; these were grouped with their current names to permit proper committee-level analysis of activity.[3](https://www.healthsecuritynet.org/info/documentation/#endnote_3) Two hearings were held jointly by multiple committees; for analysis purposes, these were treated as though they were held by separate, unique committees.

1. **Government reports.** The research team sought reports from sources to which decision-makers in the Executive and/or Legislative branches could or should reliably be exposed. Three primary groups were considered: independent advisory bodies such as federal advisory committees; departments and agencies with significant operational jurisdiction over and spending on EID-relevant activity;[4](https://www.healthsecuritynet.org/info/documentation/#endnote_4)[5](https://www.healthsecuritynet.org/info/documentation/#endnote_5) and government bodies whose specific role is to advise decision-makers.

Rosters of federal advisory committees for the Department of Health and Human Services (HHS) (specifically for the Centers for Disease Control and Prevention, National Institutes of Health, and Office of the Assistant Secretary for Preparedness and Response), the Department of Homeland Security (DHS), and DoD were reviewed; those with some responsibility for biodefense were further researched for all published reports, and those consistent with the same parameters used for hearing adjudication were retained. Reports issued by the President’s Council of Advisors on Science and Technology were included in the same manner. Because the body of work issued by each of these entities is relatively small and not contained in searchable databases, we did not apply the hearing search terms but rather examined the available report titles, and content where necessary, to judge whether reports were relevant.

All Worldwide Threat Assessments issued by the Director of National Intelligence (and their precursors by a different name) were identified; those that reported an infectious disease threat or risk were included. Reports from Inspectors General (IG) of DHS, DoD, HHS, U.S. Agency for International Development (USAID), and Department of Veterans Affairs (VA) were sought on their respective websites; the search terms (same as those used for hearings) were input into the search bar for DHS, DoD, HHS, and VA. The HHS IG additionally provides a pre-populated category of “emerging infectious disease preparedness and response” reports and these reports were also captured.[6](https://www.healthsecuritynet.org/info/documentation/#endnote_6) USAID presents its reports by category; from the “Global Health” page we manually reviewed all entries to extract relevant reports. The HHS Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) collates and makes a variety of reports available on its website, and from these we pulled the organization’s multi-year budgets. For all of these searches, the standing exclusion criteria were applied; those deemed topically irrelevant or focused on areas like expenditure audits were also omitted.

While these and other departments and agencies have issued many other EID-relevant reports throughout the timeframe of interest, these reports are often one-offs and are not available in any systematized fashion to the authors’ knowledge. The research team captured some of these by the methods outlined in United States Step 5.

Two legislative branch agencies that provide analyses to Congress were also included: the Congressional Research Service (CRS) and the Government Accountability Office (GAO). The same search terms and date parameters used for hearings were applied. For CRS, the primary search bar in the public database ([crsreports.congress.gov](http://crsreports.congress.gov/)) was employed, and for GAO, the primary search bar on its website ([www.gao.gov](http://www.gao.gov/)) was used. CRS reports are sometimes updated and re-released at a later date; in these cases, we documented the most recent date and uploaded the most recent report.

We also sought to identify relevant federal strategies and implementation plans. We aimed to keep these related as narrowly as possible to biothreats, excluding broader works like national defense or national security strategies. We used the following sources for this information: the HHS Public Health Emergency website,[7](https://www.healthsecuritynet.org/info/documentation/#endnote_7) which compiles several relevant strategies and plans, and two published collations of key strategies, executive orders, and related documents.[8](https://www.healthsecuritynet.org/info/documentation/#endnote_8)[9](https://www.healthsecuritynet.org/info/documentation/#endnote_9)

In a small number of cases, the researchers became aware of reports that were not captured by the search strategy, for instance, when a captured GAO testimony is based on a series of prior GAO reports, some of which may not themselves have been captured; these were then included for comprehensiveness.

1. **Third-party reports**. This category includes non-governmental organization, academic, and private sector reports. Researchers consulted the University of Pennsylvania TTSCP Global Think Tank Index, published annually, to compile a list of all institutions that have appeared among the top ten in the “Top Think Tanks in the United States” category in any year from 2008 through 2019.[10](https://www.healthsecuritynet.org/info/documentation/#endnote_10) From this list, we excluded the Pew Research Center, the National Bureau of Economic Research, and the Peterson Institute for International Economics due to their specialized research focuses on other topics. The final list consisted of the following organizations: the American Enterprise Institute, the Atlantic Council, the Brookings Institution, the Carnegie Endowment for International Peace, the Cato Institute, the Center for American Progress, the Council on Foreign Relations, the Center for Strategic and International Studies (CSIS), the Heritage Foundation, the Hoover Institution, the Hudson Institute, Human Rights Watch, RAND Corporation, the Urban Institute, and the Wilson Center. The team consulted the website of each think tank to view its published reports. In addition to the standing exclusion criteria, we excluded commentaries, blog posts, and other informal products (as opposed to formal reports). For each site, we searched for “pandemic” and manually reviewed titles of resulting reports, as well as texts when needed, to determine relevancy.  
     
   The RAND Corporation and Council on Foreign Relations sites categorize reports by topic and have particularly relevant categories for global health security (e.g., “Public Health Threats and Pandemics”). We manually reviewed all reports in these relevant categories in lieu of using a site search. We also manually reviewed all reports in relevant categories from the CSIS and Hudson Institute sites, but due to concerns about the comprehensiveness of these sites’ categories, the search term “pandemic” was also applied to these two sites.  
     
   Conducting these searches and manual reviews and applying exclusion criteria led to document inclusion from the following institutions: the American Enterprise Institute, Brookings Institution, the Center for American Progress, the Council on Foreign Relations, CSIS, the Heritage Foundation, the Hoover Institution, the Hudson Institute, and RAND Corporation.  
     
   For the National Academies of Sciences, Engineering, and Medicine (NASEM), the National Academies Press reports ([www.nap.edu](https://www.nap.edu/)) were searched within the topics “Biology and Life Sciences” and “Heath and Medicine,” dated from 1995-2019; the same search terms and date parameters used for hearings were applied. The researchers were aware from experience about the existence of one relevant NASEM report not captured by any of the keywords and included it for comprehensiveness. All reports from NASEM (including Institute of Medicine or other such sub-NASEM publishers) were titled as “National Academies of Sciences, Engineering, and Medicine” as the publishing organization.

To capture additional influential reports from non-governmental organizations, researchers compiled a list of non-governmental organizations who had published at least one document already included in the database, but whose sites had not yet been fully searched. (These organizations’ documents had been included through the methods described in **5: Other methods** and **2: Simulations and exercises** below.) The resulting list consisted of the following organizations: the American Hospital Association, the Association of Public Health Laboratories, the Association of State and Territorial Health Officials, the Bill and Melinda Gates Foundation, the Center for Transatlantic Relations at Johns Hopkins University, the Council of State and Territorial Epidemiologists, the Institute for Defense Analyses, the Johns Hopkins Center for Civilian Biodefense Studies, the Johns Hopkins University Center for Health Security, the Memorial Institute for the Prevention of Terrorism, the National Association of County and City Health Officials, the National Governors Association, The Lewin Group, the Transatlantic Biosecurity Network, Trust for America's Health, and the World Economic Forum. The team consulted the website of each listed organization to view its published reports, if any were publicly available.

For the majority of sites that featured publicly available reports, we manually reviewed all reports in relevant topic categories provided by the website. For the Johns Hopkins University Center for Health Security, we manually reviewed all reports. For the Institute for Defense Analyses, we searched “pandemic” and “infectious disease” and reviewed the search results. For the Association of State and Territorial Health Officials, we reviewed all reports in the category of “infectious disease,” and also searched for “pandemic” and reviewed the search results. For the World Economic Forum, we reviewed all reports in the category of “Shaping the Future of Health and Healthcare,” and also searched for “pandemic” and “infectious disease” and reviewed the search results. In all cases when reviewing reports, we first reviewed report titles, and then full texts where needed to determine relevancy. In addition to the standing exclusion criteria, we excluded commentaries, blog posts, and other informal products (as opposed to formal reports). We also excluded links to works published elsewhere (for example, links to academic journal articles), and also excluded congressional testimonies, in order to avoid duplication of existing information on congressional hearings (see **1:** **Hearings** above).

Conducting these searches and manual reviews and applying exclusion criteria led to document inclusion from the following institutions: the Association of Public Health Laboratories, the Association of State and Territorial Health Officials, the Institute for Defense Analyses, the Johns Hopkins University Center for Health Security, the National Governors Association, Trust for America’s Health, and the World Economic Forum.  
  
In some cases, the publishers of third-party reports do not provide permission for posting the report on other websites; in these cases, information about the report was still provided for comprehensiveness, along with a hyperlink for accessing it elsewhere.

1. **Executive Orders and Presidential Directives**. This category includes presidential review directives, presidential decision directives, and executive orders issued by the president of the United States. For this category of documents alone, we expanded our inclusion criteria to also include documents that (1) only directly discussed biological events of intentional and/or accidental origin, but (2) nevertheless provided insight to the priorities and frameworks guiding American health security policy at the time.  
     
   To gather executive orders, we consulted the Federal Register, which provides an online archive of all executive orders issued since 1994.[11](https://www.healthsecuritynet.org/info/documentation/#endnote_11) We examined the titles and, where necessary, the full texts of all executive orders issued from 1995-2019 to determine relevancy.  
     
   To gather presidential directives, we consulted the online collection of unclassified and declassified presidential directives maintained by the Federation of American Scientists (FAS).[12](https://www.healthsecuritynet.org/info/documentation/#endnote_12) For each review directive and decision directive issued from 1995-2019 for which the FAS had obtained a declassified or unclassified copy, we reviewed the title and, where necessary, the full text to determine relevancy.
2. **Other methods**. To capture additional relevant documents that were not already captured by other methods, documents referenced by GAO reports already included in the Library (see U.S. Step 3) were reviewed. We used document titles and, if needed, document contents to assess relevancy. In addition to the standing exclusion criteria, articles in academic journals, situation reports, laws (including treaties), entries in the Federal Register, and items that could not be located online using an internet search were excluded. In some cases, GAO reports included in the Library by the methodology specified in U.S. Step 3 referenced another GAO report that we deemed relevant; in these cases, we included the referenced GAO report, but did not in turn consider the second report’s references for inclusion.

After all documents were captured, duplicates and those that based on the researchers’ expert judgement were irrelevant to health security and/or pandemics were excluded.

**Other**

1. **Academic journal literature**. Journal literature was searched using Ovid Medline (<https://ovidsp.ovid.com/>). The following Boolean search was performed using the Advanced Search tool: (exp Coronavirus Infections/ or exp Coronavirus) AND (exp Risk Assessment) as limited to articles in English published between January 1, 1995 and December 31, 2019. The research team reviewed each article to exclude any that met the following exclusion criteria (in addition to the standing exclusion criteria) regarding article focus: clinical management; non-human species; bioterrorism; or biowarfare. Articles behind paywalls were not posted; open access articles were posted if the research team received permission to do so. When the paper was unavailable or behind a paywall, the research team reviewed the piece and summarized the item to reflect the comprehensive search results. On occasion, journal articles were also captured through other means—specifically, as a result of the search of the WHO IRIS database (see Global Step 6), or when a journal record was an editorial that flagged one or more relevant papers on coronavirus within that issue.
2. **Simulations and exercises**. Databases and other sources that might have records of simulations or exercises were initially identified by a Google search of the keywords “infectious,” “disease,” “tabletop,” “exercise,” “report,” “readout,” and “simulation” in various combinations. The research team looked for records that described a national or international simulation or exercise that was conducted, and ideally provided a read-out. Exercises were dated according to the date the exercise itself was conducted, rather than according to the date the read-out was released. The team additionally collected infectious disease tabletop exercise toolkits or templates. These toolkits were coded as “Report.”  
     
   Through this method, key databases were identified, such as the Homeland Security Digital Library (<https://www.hsdl.org/c/>), the National Institute of Health Emergency and Disaster Response Training Exercises (<https://dr2.nlm.nih.gov/training-exercises>), the Health and Human Services TRACIE website (<https://asprtracie.hhs.gov/technical-resources/7/exercise-program/1#after-action-reports>) and the United Nations Office for Disarmament Affairs’ list of current activities involving the Implementation Support Unit (<https://www.un.org/disarmament/biological-weapons/implementation-support-unit/relevant-activities-overseen-by-the-isu>). The same keyword searches were performed in these databases and the hits reviewed for relevance. To review for any potentially missed records, the Department of Homeland Security website (<https://www.dhs.gov/>) was examined via a parallel search in its primary search bar. The exercise summaries for those exercises mentioned in Maxmen and Tollefson 2020[13](https://www.healthsecuritynet.org/info/documentation/#endnote_13) were also sought.  
     
   Subject matter experts within the Center for Global Health Science and Security provided suggestions for additional websites and exercises to review. This included the UN Geneva website (<https://www.ungeneva.org/en>), within which the team performed a search for any mention of “simulation” or “tabletop exercise” and identified relevant exercises that conformed with Health Security Net’s criteria. The research team additionally performed explicit searches to find specific exercises it had learned about from the experts or through online reading
3. **National pandemic influenza plans.** National and regional pandemic plans were sought using the following sources and methods:
   * Plans were identified in the research paper “Inclusion of Veterinary Services in national emergency management plans,”14 which contained a compiled list of all national emergency plans from OIE member countries.
   * An archived WHO influenza plan repository15 was used to search for additional plans and countries that may not have been included in that resource; previously unidentified plans were then manually searched for via Google. The public availability of these plans was determined by searching “Country X pandemic influenza plan” into the Google search bar to see if it yielded an appropriate link within the first three search result pages.
   * WHO regional offices (Africa, Americas, South-East Asia, Europe, Eastern Mediterranean, and Western Pacific) were each reviewed for a list or repository of publicly available pandemic influenza plans of their Member Countries. For offices that listed plans but did not have proper links to them, the records were sought online via the same methodology described above.
   * Academic literature analyzing national influenza plans18-23 was reviewed to capture the titles of additional plans, which were sought online via the previously described methodology.

In cases when a country produced an updated plan some time after an original plan had been published, the most recent plan was used to create the record; these cases are noted in the record’s description. If a plan addressed influenza plus other infectious diseases, it was included. Only documents written in English were selected, but additional reports in other languages may be added at a later date. If the plan stated that it was developed in direct response to 2005 H5N1 or 2009 H1N1, it was coded as being tied to these outbreak events. Pandemic planning documents for the United States were captured via search strategies delineated in the “National (United States)” section of this methodology.

[1](https://www.healthsecuritynet.org/info/documentation/#note_1)

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[3](https://www.healthsecuritynet.org/info/documentation/#note_3)

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[6](https://www.healthsecuritynet.org/info/documentation/#note_6)

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[7](https://www.healthsecuritynet.org/info/documentation/#note_7)

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[8](https://www.healthsecuritynet.org/info/documentation/#note_8)

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[9](https://www.healthsecuritynet.org/info/documentation/#note_9)

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[10](https://www.healthsecuritynet.org/info/documentation/#note_10)

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[11](https://www.healthsecuritynet.org/info/documentation/#note_11)

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[12](https://www.healthsecuritynet.org/info/documentation/#note_12)

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[13](https://www.healthsecuritynet.org/info/documentation/#note_13)

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