- **Take greater account of age specific, geographic and other differences in the rate and pattern of spread** of the disease across the country and internationally;
- **Further explore statistical population based surveillance**, such as serology, to measure the severity of a pandemic in its early stages;
- **Take better account of information from behavioural scientists** about how people are likely to think, feel and behave during an influenza pandemic, and;
- **Develop better plans for managing the end of an influenza pandemic** – the recovery phase and preparation for subsequent seasonal influenza outbreaks.

The UK Strategy outlines three main principles that must underpin planning and response:

- **Precautionary** – plan for an initial response that reflects the level of risk, based on information available at the time, accepting the uncertainty that will initially exist about the scale, severity or level of impact of the virus.
- **Proportionality** – plan to be able to scale up and down in response to the emerging epidemiological, clinical and virological characteristics of the virus and its impact at the time.
- **Flexibility** – plan for the capacity to adapt to Northern Ireland circumstances that may be different from the overall UK picture – for instance in hotspot areas.

1.3 Planning context

Due to the unpredictable nature of influenza pandemics, HSC response plans should be flexible, scalable and adaptable. During a pandemic, the assumptions on which to base the response will be updated in the light of emerging knowledge about the developing scenario.

Despite this unpredictability, there are some key assumptions that will help to inform planning:

- A pandemic is most likely to be caused by a new subtype of the Influenza A virus but plans could be appropriately adapted and deployed for any epidemic infectious disease.
- An influenza pandemic could emerge at any time of the year anywhere in the world, including in the UK. Regardless of where or when it emerges, it is likely to reach the UK very rapidly, and from arrival, it will probably be a further one to two weeks until sporadic cases and small clusters of cases are occurring across the country.
- The potential scale of impact, risk and severity from related secondary bacterial infection and clinical risk groups affected by the pandemic virus will not be known in advance.