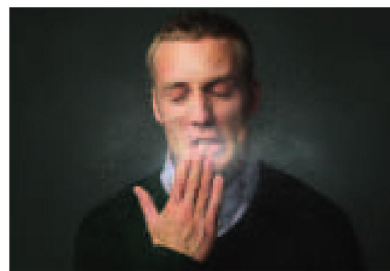
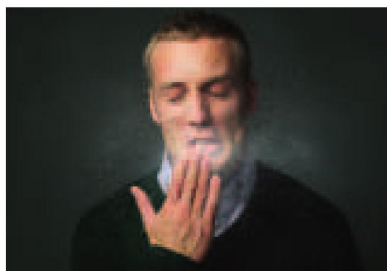
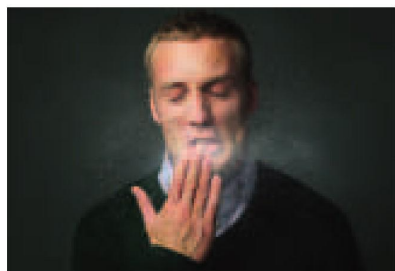


# The 2009 Influenza Pandemic

An independent review of  
the UK response to the  
2009 influenza pandemic

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3.65 The worst case in the planning framework is for 750,000 additional deaths. Given pressures on resources, ministers will need to consider whether they wish to make any additional investment required to cope with the full worst-case scenario. I have no recommendation to make on what the correct figure might be for the worst-case scenario, although in Chapter 4 I have recommended that the Government Chief Scientific Adviser convene a working group to review the calculation of planning scenarios. However, I do believe that it would be unsatisfactory if the National Framework implied that government and local responders were prepared to cope with many more thousands of deaths than they were in fact equipped to handle.

**RECOMMENDATION 6:** By December 2010:

- (i) Ministers should decide the levels of deaths for which planning is appropriate as part of the process of revising *Pandemic flu: A national framework for responding to an influenza pandemic*.
- (ii) The Home Office, working with others including the Ministry of Justice, the Department of Health, the Cabinet Office, Communities and Local Government and the devolved administrations, should ensure that plans are in place to deal with those levels of deaths during a pandemic, linking with other elements of mass fatality management and specifying clear responsibilities for the collection, transportation, storage and burial or cremation of bodies.

## **Continuation of the containment phase and proportionality of the response**

- 5.38 The National Framework was designed to prepare the UK for a variety of pandemic scenarios up to and including a reasonable worst case in which the clinical attack rate reached 50% and the case fatality rate reached 2.5%. In late April, the limited information coming from Mexico gave cause for considerable concern, but as the pandemic progressed it gradually became clear that a scenario approaching that scale was unlikely. A number of contributors to this Review have noted that it was difficult to switch from the plan we had – predicated on a worse pandemic than that which emerged – to a more proportionate response.
- 5.39 Considerable resources were required during the containment phase to maintain a programme of measures that included the laboratory testing of suspected cases, the tracing of contacts and the provision of prophylactic treatment. The Review Team has heard from numerous perspectives that the containment phase was successful in demonstrating a strong, co-ordinated response that maintained public confidence at a worrying and uncertain time, and that it may have helped to slow the initial spread of the virus. But a number of contributors to the Review have also commented that the containment measures remained in place for longer than may have been beneficial. As the pandemic developed and more cases emerged, some experts argued that the measures on which the UK embarked in April had become less appropriate and impractical to maintain. The virus continued to spread in an uneven manner across the UK, with some areas developing ‘hot-spots’ that placed extreme pressure on front-line health services while others remained largely unaffected. In most cases, but not all, the virus proved to be less severe than the early indications from Mexico had suggested it would be.
- 5.40 Some contributors to the Review have suggested that a containment approach of the type adopted in 2009 is not appropriate at all once the infection has spread beyond its initial geographical focus, given the inevitability that the virus would continue to spread within the community.