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MINISTER FOR POLITICAL AND CONSTITUTIONAL REFORM, CABINET OFFICE

BRIEFING FOR MINISTERIAL REVIEW OF THE UK'S RESILIENCE TO PANDEMIC INFLUENZA

Issue

1. You are meeting Anna Soubry MP, Parliamentary Under Secretary of State for Public Health, to review the UK's resilience to pandemic influenza.

Timing

2. Routine – the meeting is scheduled for Thursday 24th January at 3:30pm for an hour. You have a half-hour pre-briefing with officials the day before, on Wednesday 23rd January at 9:00am.

Recommendation

3. That you note this submission and **confirm you are content with the proposed agenda** (Annex A).

Purpose of the meeting

4. This is your second sector review meeting of sixteen to assess whether robust plans are in place to adequately respond to disruptive challenges to the UK, and the first in the series that explores readiness for one particular risk rather than the readiness of a sector. This meeting with Anna Soubry MP will focus solely on preparations for pandemic influenza. **CCS's National Risk Assessment (NRA) recognises pandemic flu as one of the major risks that the UK could face over the next five years, potentially leading to 50% of the population falling ill, 750,000 deaths and economic losses of over 20 billion pounds. We assess that pandemic flu has a greater than 1 in 20 chance of happening in the next 5 years. We are no less likely to see another pandemic despite the H1N1 (2009) pandemic (swine flu).**

5. You have a second meeting with Anna Soubry scheduled in March to discuss the health sector's resilience more widely to respond to staff shortages (including from a pandemic), and address resilience to other major risks (e.g. flooding, fuel shortages, industrial action). In addition each future sector-specific meeting (e.g. oil, water) will also look at the resilience of those sectors to staff absences from pandemics. The capability of the health sector (NHS, private practices, public health disease monitoring and communications to the public), to effectively respond to excess deaths resulting from a pandemic will also be explored in your next meeting with Anna Soubry MP.

6. The UK has been preparing for pandemic influenza for some years, following the recognition of the risk posed by the H5N1 avian influenza virus (bird flu) in the early 2000s. In general, our assessment

is that the Health Sector's plans for dealing with pandemic influenza are adequate, with great progress having been made in recent years. This culminated in the production of a revised UK-wide strategy, published in 2011.

7. We assess that the effectiveness of the UK's preparations will be determined by our ability to a) work internationally to prevent the emergence of a pandemic; b) rapidly identify and accurately track the disease once it emerges; c) distribute countermeasures quickly to those in greatest need; and d) communicate effectively with the public to reduce the rate of transmission. **We therefore suggest you cover the following three key areas essential to the UK's pandemic flu strategy** (as set out within the agenda at Annex A (pages 4), which you are asked to approve):

   i) Preventing Disease Identification and Tracking of Pandemics(pages 5-7);

   ii) Countermeasures (pages 8-11);

   iii) Communication Strategy (pages 12-13);

   iv) Next steps.

8. **Each of the areas in Annex B (pages 5-13) includes a summary of the current resilience and suggested questions that you may wish to ask the Parliamentary Under Secretary of State.**

Background to the risk of pandemic influenza

9. An influenza pandemic occurs when a new influenza virus, to which most people do not have existing immunity, emerges and subsequently spreads around the world. These new strains are transmitted to humans from animals. There have been four pandemics over the past 100 years, most recently in 2009. **A table summarising the nature and impacts of these pandemics is attached at Annex C (page 14)**. The National Risk Assessment recognises pandemic influenza as one of the greatest risks the UK could face over the next five years (due to its relatively likelihood and impact). The reasonable worst case scenario for pandemic influenza, where it is assumed *any treatments are ineffective*, involves:
   a. up to 50% of the population experiencing symptoms during one or more waves, each lasting 15 weeks;
   b. 4% of symptomatic patients requiring hospital care; and
   c. up to 2.5% of those with symptoms dying (equating to 750,000 additional deaths nationally); and
   d. between 15-20% of staff could be absent on any given day at the peak of a pandemic (with smaller teams working in close proximity having 30-35% of staff absent on any given day). These staff may be absent for approximately 8 business days (3.5% of a working year), which could involve a loss of approximately £28 billion to the UK economy.

10. A future pandemic may however differ from this, with the actual impact of the pandemic being dependent in part on the characteristics of the virus that emerges (which cannot be predicted in advance), and in no small part by the quality of UK preparations, particularly its ability to identify and track disease, and the effectiveness of the UK countermeasure and communications strategy, together with the response of sectors across society.

Background to the UK's resilience to pandemic influenza

11. The UK is recognised by the World Health Organisation as one of the best prepared countries. A table highlighting the key aspects of the health response is attached at Annex D (page 15). Whilst sectors, including health, broadly responded well to the H1N1 disease in 2009, the relatively mild nature of the disease meant the impacts faced were nowhere near the magnitude of the reasonable

worst case scenario, so sectors' preparedness was not fully tested. **A major, nationwide (Tier 1) exercise to test cross-sector arrangements for a pandemic is planned for 2014.**

Next Steps

12. You and Oliver Letwin will be writing to the PM with your findings (we will discuss with you when and what form this takes), but this may be some months from now. Consequently, **if you have particular concerns with the adequacy of existing plans (or DH's knowledge of them), we suggest you use the meeting to commission DH to update you on progress in a few months. Alternatively you will also be meeting with Anna Soubry MP to discuss the health sector specifically in March, and this will provide an opportunity to discuss certain aspects in more depth.**

13. **Dependent upon the direction of the discussions, you may wish to request**:
    a. an update on work by DH to assess the risk posed by *other* emerging infectious diseases with pandemic potential, and whether plans to respond to pandemic *influenza* adequately meet the challenges posed by other risks.

    b. an update on plans to ensure the UK continues to support pandemic preparedness internationally (be it for pandemic influenza, or another pandemic) in light of reducing resources and some international organisations' decreasing engagement on this risk. As a pandemic is likely to emerge outside of the UK, such efforts are vital to reduce the emergence of a pandemic virus from animal populations, and to understanding its potential when it does; and

    c. an update on plans for the Tier 1 pandemic influenza exercise in 2014.

David O'Connor

Civil Contingencies Secretariat

List of Annexes:
Annex A: Proposed Agenda
Annex B: Key areas suggested for discussion
Annex C: Pandemics over the past 100 years
Annex D: Elements of health response to a pandemic

funding from international organisations has begun to reduce alongside decreasing resources within each state.

Within the EU there is collaboration between Member States in the prevention, monitoring and control of communicable diseases. An Early Warning and Response System (EWRS) Alerting Mechanism is operated by the European Centre for Disease Prevention and Control (ECDC).

Robust systems to identify and detect emerging viruses are key to both understanding the nature of a new health risk early on, and to ensuring measures can be put in place to control an outbreak and potentially prevent a pandemic virus emerging in the first place. This applies to both animal and human populations.

Pandemic influenza surveillance in the UK

Pandemic influenza surveillance in the UK is based on established seasonal influenza surveillance arrangements which are used each year, although in some cases at increased frequency. For example, Primary care consultations and calls to NHS telephone and web based advisory services. As with the outbreak of any infectious disease, some additional measures will be required for an influenza pandemic including:

- Data sharing with international organisations such as the WHO and the ECDC
- Rapid assessment of the first cases and their close contacts to provide an early insight of the clinical and epidemiological features of cases

UK surveillance of other diseases with pandemic potential

The applicability of pandemic influenza planning to other scenarios is good, and continues to develop. The UK pandemic flu surveillance system has worked well for tracking other diseases, though this would be an **area to discuss in the meeting** as DH are currently reviewing other health risks (for example the risk in the NRA on an emerging infectious disease such as SARS) to the UK. For instance, the recent novel coronavirus cases demonstrated the effectiveness of surveillance systems to detect very early on a potential problem in the UK, leading to the rapid development of diagnostic tests and the deployment of personnel to gather information on cases and contacts. It also highlighted our ability to liaise effectively with international organisations such as WHO, ECDC and the countries from which cases had originated. Procedures have now been agreed to ensure that a public health assessment is undertaken of cases of severe illness of a potentially infectious nature in patients proposed to be transferred to a UK hospital from another country. Surveillance systems in other nations however may not have detected the virus at such an early stage.

What work is ongoing (e.g. by DH, HPA and others) to improve our capability?

The UK works closely with the WHO and the EU and continues to support collaborative approaches to pandemic preparedness and response with the Global Health Security Action Group, consisting of the G7 countries and Mexico, providing the opportunity for exchange of information and best practice.

How ready will this make us and by when? To what extent can we reduce the likelihood/severity of pandemics through fast action?

The 2009 pandemic demonstrated the difficulty of early detection of a new strain. It was not detected soon enough at its source in Mexico for effective intervention that would have stopped it