

Review of UK Resilience Planning – Pandemic Influenza

Note of meeting

15.00-16.00, Thursday 24 January 2013, 70 Whitehall

Attendees

Chloe Smith MP, Minister for Political and Constitutional Reform
Anna Soubry MP, Parliamentary Under Secretary of State for Health
Bruce Taylor, Pandemic Influenza Programme, Department of Health
Nick Phin, Health Protection Agency
Yemi Fagun, Department of Health
Christina Scott, Civil Contingencies Secretariat, Cabinet Office
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The Minister for Political and Constitutional Reform opened the meeting, setting out that the meeting formed part of the review being carried out by the Minister and Oliver Letwin MP, Minister for Government Policy, to consider the resilience of key sectors in the UK. The review focussed on looking at how prepared the UK was for emergencies, with a focus on preventing civil problems developing into crises. This meeting was the first meeting looking at a particular risk, rather than a sector. This reflected the high rating of the risk of pandemic influenza in the National Risk Assessment.

The main discussion points were as follows:

- On the issue of surveillance and tracking of novel diseases, the Minister for Political and Constitutional Reform (MPCR) recognised the importance of robust and effective surveillance mechanisms internationally to identify and control emerging disease threats early. The Department of Health (DH) and Health Protection Agency (HPA) stated that the UK had a good relationship with counterparts in the US and EU, and with the WHO, with close collaboration on identifying and assessing emerging threats. It was noted however that a novel influenza virus was likely to emerge in those areas of the world with limited to no surveillance, and limited infrastructure for dealing with disease outbreaks in animal or human populations. This presented a significant challenge when it came to identifying disease threats at a point before they could no longer be contained. There was also some evidence of fatigue on the part of international partners on the issue of pandemic preparedness, including for example from the World Bank. MPCR offered Cabinet Office support to DH in their engagement with international partners to ensure the pandemic risk is recognised and acted upon. Reaching international agreement on virus sharing was named as one priority for enhancing disease surveillance globally.
- On the issue of countermeasures for pandemics, the challenges of ensuring a proportionate response early on in a pandemic, when knowledge of the virus was limited, were noted. This was experienced in 2009, when Ministers had to make decisions regarding countermeasure procurement on limited scientific evidence of the impacts of the pandemic. Lessons learned from the 2009 pandemic had however been fed into countermeasures policy, with more flexible arrangements established with countermeasure providers. MPCR stated that the Cabinet Office would continue to support DH to ensure effective and efficient procurement. MPCR questioned whether the stockpiles of countermeasures provided protection

from other, non-influenza, pandemic disease risks. DH and HPA stated that the applicability of stockpiles to other disease risks was considered when putting countermeasure arrangements in place, for instance the anti-biotic stockpile could be used for other risks involving bacterial infections. The stockpile of anti-virals however was influenza specific. An upcoming statement on the risk of narcolepsy as a side-effect of influenza vaccine raised questions about how much is known about the implications of the use of some countermeasures, and raised obvious challenges.

DH outlined the role of the voluntary sector and private sector in implementing the countermeasures strategy. For instance, DHL were responsible for the delivery of countermeasures. MPCR supported the need to stress the importance of strong business continuity measures in such organisations, based on the National Resilience Planning Assumptions around staff absence in a pandemic, and recognising the complexity of the supply chain.

- On the issue of communications, DH stated that much preparatory work had been done, building on seasonal 'flu messaging as a way of enforcing messages. The use of social networking to identify and survey disease outbreaks was raised as one area of further potential consideration.

Overall, DH felt confident that preparations for an influenza pandemic were well developed. The pandemic of 2009, whilst mild, had tested the systems in place in the health system and highlighted important lessons that have since been acted upon, particularly the need for a more flexible approach to pandemic response. The risk continued to be recognised as a priority by the department, and work continued to ensure plans could stand up against a more severe pandemic. DH welcomed the breadth of the resilience review, covering all major sectors, given that pandemic preparedness required robust contingency planning across the whole of society. The national exercise in 2014 would be a good test of plans in those sectors not tested by the 2009 pandemic.

Civil Contingencies Secretariat
28 January 2013