



Pandemic Preparedness Meeting

11th November 2019

Agenda

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4	Situation Report	Jamie Lopez Bernal (PHE)
5	Forward Look	Kevin Dodds
6-7	Consideration of Pan Flu Exercising	Kevin Dodds
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13-14	Seqirus Proposal - Adaptive Stockpiling	Jonathan Van-Tam
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Actions – Kevin Dodds

Action	Progress
Policy Team to explore how we know we have the right level of exercising	Slide 6-7
Policy Team to engage with Steve Oldfield on a commercial engagement strategy for the Capital Bid	Met Steve Oldfield on 26 September. Contacts within his Directorate provided to work with. Slides 8-9 update on the pan flu bid more generally.
Policy Team to seek advice on any state aid implications in relation to Capital Bid.	GLD is liaising with the BEIS State Aid team about the pan flu proposal. See Slide 9
Policy Team to prioritise the set up of a Moral and Ethical Advisory Group (MEAG).	Complete – MEAG has been set up and introductory meeting held on 25 October. See Slide 15

Situation Report – Jamie Lopez Bernal (PHE)

Influenza A (H7N9)

Since the last update paper in September, there have been no further cases of H7N9 confirmed by WHO. The total number of laboratory-confirmed human cases since week 41/2019 (i.e. w/c 7 Oct) to date is zero. The total number of laboratory-confirmed human cases since 2013 is 1,568. The last case reported was on 5th April 2019.

The overall PHE risk assessment remains unchanged with **H7N9 currently posing a very low risk to UK residents in the UK** (as the virus is not present in the animal reservoir within the UK). The risk of H7N9 infection to UK residents who are travelling to mainland China is very low.

Influenza A (H5N1)

Since the last update paper in September, there have been no further cases of H5N1 confirmed by WHO. The total number of laboratory-confirmed human cases since 2003 is 861, including 455 deaths, reported to WHO from 17 countries. The last case was reported on 30th April 2019.

The overall PHE risk assessment remains unchanged with **H5N1 currently posing a very low risk to UK residents in the UK** (as the virus is not present in the animal reservoir within the UK). The risk of H5N1 infection to UK residents who are travelling to affected areas is very low but may be higher in those with exposure to specific risk factors, such as poultry.

Influenza A (H5N6)

Since the last update paper in September, there have been no further cases of H5N6 confirmed by WHO. From 2014 to date, a total of 24 laboratory-confirmed cases of human infection with H5N6, including seven deaths, have been reported to WHO, all of which occurred in Mainland China. The last laboratory-confirmed case was reported in August 2019.

The overall PHE risk assessment remains unchanged with **H5N6 currently posing a very low risk to UK residents in the UK**. The risk of H5N6 infection to UK residents who are travelling to China or affected areas with confirmed outbreaks and incidents in avian species is very low.

Influenza A(H9N2)

Since the last update paper in September, there have been no further cases of H9N2 confirmed by WHO. The total number of laboratory-confirmed human cases since 2015 is 27. The last case reported was in May 2019 and was the first case detected in Oman.

The overall PHE risk assessment remains unchanged with **H9N2 currently posing a very low risk to UK residents in the UK** (as it is not currently present in the animal reservoir within the UK). The risk of H9N2 to UK residents who are travelling to affected countries (mainland China and Oman) is very low but would be higher in those individuals with a history of poultry exposure and associated activities.

Forward Look – Kevin Dodds

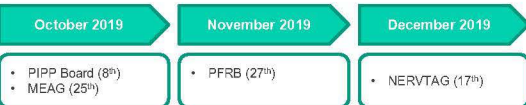
The Pandemic Influenza Preparedness Programme (PIPP) Board met on the 8th October and signed off the pan flu programme for the next 6 months. This is subject to there being no significant high consequence infectious diseases incidents to manage.

Agreed Areas of Work for the Next 6 Months

- Working with PHE to progress the APA re-procurement
- Securing funding in principle for the Capital Bid and commencing market engagement
- Holding at least one meeting of the Moral and Ethical Advisory Group (MEAG)
- Potential policy work around the H7N9 clinical trials
- Preparations for table top exercise for pan flu in 2020 – this is provisionally scheduled for April-July 2020 (dependent on EU Exit or other incidents).
- Routine governance (e.g. business cases and stockpiling)
- Attendance at expert and governance groups
- Oversight of work led elsewhere, including CCS work with DAs to conclude actions on the Bill, and NHS England work on clinical guidance and on surge guidance.

Areas of Work not Prioritised for the Next 6 Months

- Adult Social Care** – The briefing paper which outlined plans to augment adult social and community care during a pandemic, was agreed by the former CMO, CSA and CNO in July 2018. DHSC policy and social care team to work with NHS E/I to agree next steps.
- Pandemic Influenza Public Health Communications Strategy** – The content was signed off by the four UK CMOs in May 2018 but needs further work to finalise it ahead of ministerial sign off. A Concept of Operations (ConOps) document to outline the communications command structure and the responsibilities of Departments, DAs and local level responders during an influenza pandemic needs to be developed.
- Refresh of UK Pandemic Influenza Strategy** – Update the content of the 2011 UK Pandemic Influenza Preparedness Strategy to ensure that UK Pandemic Influenza preparedness and response policy is accurate and up to date.



The Pandemic Flu Readiness Board (PFRB) – Official level cross-Government group jointly chaired by DHSC and CCS. Plan to meet on 27th November following 12 month gap. This meeting will discuss cross Government work programme for the next phase, including health and social care.

Workstream 1 - healthcare surge. The briefing paper produced for the then CMO, CSA and CNO on population triage/ extreme surge management was signed off in December 2017.

Workstream 2 – Adult Social Care. The briefing paper which outlined plans to augment adult social and community care during a pandemic, was agreed by the former CMO, CSA and CNO in July 2018.

Pandemic Influenza Public Health Communications Strategy - This document outlines the key areas where multi-agency communications will be used in the event of a flu pandemic.

Refresh of UK Pandemic Influenza Strategy – The updated strategy will amalgamate and/or reference relevant pan flu documentation and will be designed for use by Health/Social Care staff and Local Resilience Groups, whilst remaining widely accessible.

Exercising: international comparisons – Kevin Dodds

The SoS for Health and Social Care, like PHE and NHSE/II (but unlike some other Cabinet Ministers) is a Category 1 Responder under the Civil Contingencies Act 2004 (CCA).

UK⁽¹⁾

Category 1 responders are required by statute and regulation to:

- a) assess the risk of emergencies occurring and use this to inform contingency planning; and
- b) put in place emergency plans and business continuity management arrangements that include provision for the carrying out of exercises.

International

Germany - Completion of exercises is mandatory at subnational, local, and hospital levels. National level exercise programme in place. Carried out a national exercise on a "worldwide influenza pandemic" in 2007.

USA – Focus on public health and medical exercises when able. Federally mandated by FEMA/DSCA to exercise resilience for other risks (e.g. earthquakes and hurricanes). CDC ran a pan flu exercise in 2018, DHSC were invited to observe.

Because of federal structures neither country is directly comparable to the UK

[1] Source - *Guidance on part 1 of the Civil Contingencies Act 2004, its associated regulations and non-statutory arrangements, Chapter 5 (Emergency Planning)*
<https://www.gov.uk/government/publications/emergency-preparedness>

The *Global Health Security Index*, recently published by the Economist Intelligence Unit⁽²⁾ provides an international comparison on preparedness for biological hazards and threats.

Overall, the UK (77.9 points) was in second place out of 195 countries (USA was ahead with 83.5 points). This score was based on an assessment in 6 weighted categories:

- A. Prevention;
- B. Detection and reporting;
- C. Rapid response;
- D. Health system;
- E. Compliance with international norms; and
- F. Risk environment.

The *rapid response* category includes exercise programmes within its weighted assessment

Country	Category C: Rapid response (Rank for category and score out of 100)	Overall (Overall rank and weighted score out of 100)
UK*	1 st (91.9)	2 nd (77.9)
USA*	2 nd (79.7)	1 st (83.5)
Switzerland	3 rd (79.3)	13 th (67.0)
Netherlands	4 th (79.1)	3 rd (75.6)
Thailand	5 th (78.6)	6 th (73.2)
Other GHSI countries		
France*	13 th (62.9)	11 th (68.2)
Canada*	17 th (60.7)	5 th (75.3)
Germany*	28 th (54.8)	14 th (66.0)
Japan*	31 st (53.6)	21 st (59.8)
Mexico*	39 th (50.8)	28 th (57.6)
Italy*	51 st (47.5)	31 st (56.2)

[Countries marked with an asterisk (*) are Global Health Security Initiative members]

[2] Source - *Global Health Security Index* (<https://www.eiu.com/en/sectors/healthcare/2019/10/2019-Global-Health-Security-Index.pdf>)

Exercising: comparisons to selected civil emergency risks – Kevin Dodds

Level of exercise	Pandemic influenza	Counter terrorism (multiple risks)	Power resilience
National (Tier #1 type exercises: Multi-day "play" involving Ministers)	At least one multi-day cross-Government exercise every 5 years. e.g. <ul style="list-style-type: none"> Ex. Cygnus Pt. 2 – October 2016 Swine flu pandemic - 2009 Ex. Winter Willow – 2007 	One <i>National Counter Terrorism Exercise</i> (testing the response to one of the multiple terrorism risks held by HO OSCT) per year. e.g. <ul style="list-style-type: none"> Ex. Evolving Formula (CBRN) November 2018 Ex. Border Reiver (MTFA) October 2017 	No "Tier #1" exercise during the last parliamentary cycle, and we believe not in the 2015-2017 parliament either.
National (Government level) table top exercises	The two most recent pandemic influenza table top exercises have been used to support the main ("Tier 1") Ministerial exercise. e.g. <ul style="list-style-type: none"> Ex. Cygnus Pt. 1 – May 2014 Ex. Cygnet – August 2016 	HO OSCT now favour a greater mix of methodologies (including table top exercises) to test specific response plans.	Ministerial table top exercise that took the form of a COBR(M) meeting (Ex. <i>National Blackout – November 2018</i>).
Delivery partners and/or local tier	Pan flu is just one of the risks the NHS EPRR function prepares for. NHSE/I advise that they are required to exercise communications 6 monthly; table tops annually; and, live exercises every 3 years. While not always specific to pan flu there will be elements of these that read across, and there was an NHSE EPRR deep dive on pan flu in 2015/16. Recently NHSE/I has supported LRF Level exercises on pan flu in Thames Valley and Hampshire & Isle of Wight.	HO OSCT work with the emergency services to support regional exercises throughout the year.	Business continuity plans are exercised by utilities companies. A power resilience workshop for the health sector was run during 2018. A series of four regional exercises (Ex. <i>Dark Star</i>) were run within the NHS by NHSE/I and PHE in 2015.

Spending Review Capital Bid Update I – Cheryl Cavanagh

Ministerial Support:

- Ministers have confirmed support for this proposal and want us to be prepared to move forward when a new budget date/capital allocation process is confirmed.

Potential Procurement Routes

- All routes to market available under the Public Contracts Regulations 2015 (PCR2015) have been considered for this proposal alongside their pros and cons.
- Two options under PCR2015 have been identified for more detailed consideration:
 - Competitive procedure with negotiation (regulation 29)
 - Competitive dialogue (regulation 30)
- A third option, a competitive grant process either direct or working with a grant making body to award investment grants, is also being considered in more detail.

Spending Review Capital Bid Update II – Cheryl Cavanagh

State Aid

- Using taxpayer-funded resources to aid one or more organisation in a way that gives an 'advantage' over others may be considered State Aid.
- The definition of State Aid is very broad because 'an advantage' can take many forms.
- There are a range of legal mechanisms in place to enable public authorities to provide well targeted, proportionate State Aid that does not unduly distort competition.
- GLD is liaising with the BEIS State Aid team about the pan flu proposal and the three options identified for procurement/ funding.
- GLD/BEIS will provide advice on:
 - State Aid issues involved in the design and development of this proposal;
 - how to reduce and manage the risk of State Aid;
 - alternative options if needed.
- Full advice should be available before the end of the year including the potential impact of EU Exit on State Aid rules.

Investment Committee review of the Strategic Outline Case

The SOC was presented to the Investment Committee at their meeting on 30 October.

The case was not approved, and will need to return at the next meeting on 16 December before being progressed to Ministers.

Additional work to the SOC is required as a condition to its approval:

- To make it clear whether this agreement(s) acts as part of a layered defence against a pandemic, or whether it is the first and only line of defence. The committee requested that the case be refreshed to include more information about the wider context, including a discussion on whether the APA is fit for purpose for the next 10 years, given wider technological and government initiatives.
- The case needs to explore in more detail the risks inherent in the agreement relating to the supplier deciding (in the event of a pandemic) to not sell vaccine to the UK at the agreed price. There needs to be an exploration of the levers that can be put into the agreement to ensure compliance in the event of a pandemic.

It was also suggested that there might be a need for MOUs with other countries where some/all manufacturing takes place to ensure supply to the UK. This will require consideration by the policy team.

Policy Development

- Dependency on the (delayed) approval of the SOC by the Investment Committee means time to explore policy options with Ministers is limited.
- Submission to Ministers with a simple binary (yes/no) question on formally starting the project to procure a future APA planned for December.
- Advice on more complex policy questions (e.g. sovereign capability and resilience of supply) will be informed by market engagement and legal advice (PHE and DHSC Commercial).
- DHSC Policy and PHE met on 5 November to discuss modelling requirements for the development of an OBC. Linkages between this and work to attract novel technologies to the UK have also been considered.

Current Commercial activity

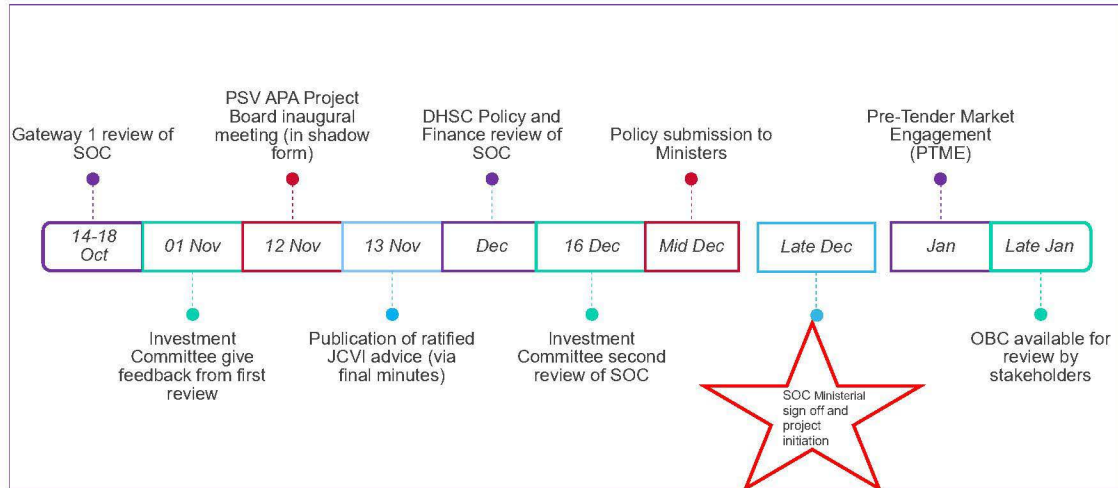
DHSC Commercial is to:

- develop the procurement strategy;
- plan market engagement exercise in January 2020 (post ministerial decision);
- begin initial drafting of procurement documentation.

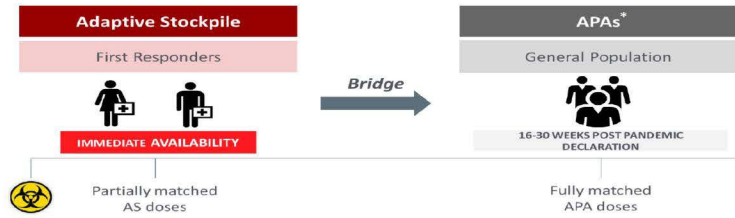
Project Management

- Gateway 1 review completed 18 October. The project Delivery Confidence Assessment has been rated as Amber in the Gateway report.
- Gateway recommendations include enhancements to the management of the project and the development of affordable and deliverable options to be included in an Outline Business Case (OBC).
- A revised SOC will be developed in November for the IC to review again in December. Ministerial clearance to follow.
- First meeting of the Pandemic Specific Vaccine Project Board (PSVB) is scheduled for 12 November 2019.

Critical path



Idea from Seqirus for Pandemic Preparedness: Adaptive Vaccine Stockpiles I - Jonathan Van-Tam



A PANEL OF 3-5 SEPARATE MONOVALENT ZOOONOTIC VACCINES: MF59-adjuvanted cell-based vaccines against selected* IVPPs. MF59 confers coverage against heterologous strains

REGISTERED: Indicated for adults, and intended for use in First Responders

RAPID ACCESS: AS vaccines are stored in a filled and finished form to facilitate immediate deployment

TURNKEY SOLUTION: Inventory vendor-maintained for an annual fee. Seqirus implements strain selection, manufacture, clinical development, storage and stability, maintenance, etc.

RELEVANT: AS vaccines replaced upon expiry using same, or drifted virus seed, as appropriate*. Continuous tracking of IVPP drift – similar to seasonal strain selection.

EVERGREEN: From the point of view of a country, the stockpile never expires.

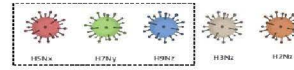
*An independent external advisory board will advise on initial AS strains for inclusion, and then meet annually to make recommendations on AS update

Idea from Seqirus for Pandemic Preparedness: Adaptive Vaccine Stockpiles II - Jonathan Van-Tam

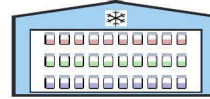
The UK pays an annual Adaptive Stockpile fee, which covers a fixed number of "heads", earmarked to receive early vaccination with an Adaptive Stockpile vaccine.



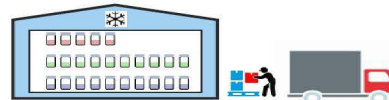
The fee will be determined by the number of heads covered and the number of different vaccines, selected from the available "library" of vaccines. Here 3/5 have been selected.



Seqirus will manufacture and store sufficient doses of each vaccine in the Adaptive Stockpile, to provide a full course for each covered "head"



If there is PHEIC anywhere in the world of (eg) H5, the UK can immediately draw down and deploy their stockpile of H5 vaccine. Seqirus will backfill at the earliest opportunity



£

c£6.20 for 2 doses of each vaccine,

If a country wanted to have a stockpile of 3 different vaccines it would cost c£20 per person being vaccinated.

Next Steps

- Additional modelling info from Seqirus awaited.
- DHSC to consider if interested in principle – potentially refer to NERVTAG/JCVI for advice. Does not provide a 'legacy' like the Capital Bid would.

- Moral and Ethical Advisory Group (MEAG) was operational ahead of expected 31 October EU Exit deadline
- Introductory meeting held on 25 October – Focused on terms of reference and ways of working.

Prof. Sir Jonathan Montgomery
 Prof of Health Care Law
 UCL and
 Former Chair - Nuffield
 Council of Bioethics



Jasvir Singh OBE
 British family law barrister
 Current member and
 previous Co- Chair,
 Interfaith Forum.

10 expert members (ethics/bioethics/health law/equality & diversity)
 9 members representing faith/beliefs
 Opportunity to co-opt members or 'consult' others e.g. social care/local govt as needed

Aim of MEAG

To provide independent advice on moral, ethical and faith considerations in:

- an emergency to support incident response i.e. response mode
- as part of general emergency preparedness planning i.e. planning mode

Ways of Working

- MEAG agreed to use '*Responding to Pandemic Influenza: The ethical framework for policy and planning*' produced by the former Committee on Ethical Aspects of Pandemic Influenza (CEAPI) and updated in 2017 as a framework for their discussions in the short term.

Next Steps: Actions from the MEAG meeting

- Finalise terms of reference and associated documentation.
- Potentially hold a meeting of MEAG to 'exercise' a number of moral, ethical or faith scenarios ahead of 31 January 2020.
- Consider refining CEAPI's ethical framework so that it is applicable to both 'planning' and 'response mode'.