

1 Strategic approach

1.1 Purpose

This document describes the Government's strategic approach to and preparations for an influenza pandemic. It provides general information on the likely impact and sets out some of the key assumptions for use in response planning. It also provides a national framework within which organisations responsible for planning, delivering or supporting local responses should develop and maintain integrated operational arrangements that are flexible enough to respond to local needs and circumstances, whilst providing the wider degree of consistency necessary for an effective, sustainable and equitable national approach.

1.2 Aim

The primary aim of this document is to guide and support integrated contingency planning and preparations for pandemic influenza across government, in health and social care and in public and private sector organisations. Additionally, it describes arrangements for coordinating the UK's response and provides references to sources of more detailed information.

1.3 Scope

The arrangements described relate specifically to an influenza pandemic. They do not cover planning for or the response to seasonal influenza outbreaks or any incidents involving the prevention or control of avian (eg A/H5N1) influenza or other animal influenza virus infection in birds or humans, which remain the responsibility of the appropriate government departments and public health, animal health and local authority bodies in accordance with normal procedures. However, they do cover the recognition and management of cases of influenza-like illness in humans that raise suspicions of a new influenza virus variant that might cause a pandemic, which may have its origin as an avian virus.

A range of public and private sector organisations and agencies – acting individually and collectively – are responsible for supporting the health and social care response, managing a pandemic's wider impacts, minimising social and economic disruption and maintaining business continuity. Whilst not intended to provide detailed operational guidance, this document provides general information and planning assumptions to inform and encourage wider contingency planning.

Although these arrangements provide for a consistent and coordinated UK-wide approach, health and social care is a devolved responsibility and some differences in organisational structures, responsibilities and operational arrangements apply in Northern Ireland, Scotland and Wales. Each country

produces a national response plan, which should be read in conjunction with this document for information on the specific arrangements that apply in those parts of the UK.

1.4 Audience

This guidance is intended primarily for those responsible for developing policies and strategies or coordinating, managing, maintaining or testing contingency arrangements for responding to an influenza pandemic. Additionally, it will be of interest to those seeking general information or an overview of the UK's general preparedness for, and planned response to, a pandemic.

1.5 Strategic objectives

In planning and preparing for an influenza pandemic, the Government's strategic objectives are to:

- protect citizens and visitors against the adverse health consequences as far as possible
- prepare proportionately in relation to the risk
- support international efforts to prevent and detect its emergence and prevent, slow or limit its spread
- minimise the potential health, social and economic impact
- organise and adapt the health and social care systems to provide treatment and support for the large numbers likely to suffer from influenza or its complications whilst maintaining other essential care
- cope with the possibility of significant numbers of additional deaths
- support the continuity of essential services and protect critical national infrastructure as far as possible
- support the continuation of everyday activities as far as practicable
- uphold the rule of law and the democratic process
- instil and maintain trust and confidence by ensuring that the public and the media are engaged and well informed in advance of and throughout the pandemic period
- promote a return to normality and the restoration of disrupted services at the earliest opportunity.

A more prolonged pandemic with lower 'peak' incidence of illness and work absence will be less disruptive to most services and businesses than a shorter period of very high impact. Therefore, as the pandemic emerges, the Government will also review strategies that may delay its arrival or slow its spread in the UK if time and data allow.

1.6 Operational response arrangements

Achieving these strategic objectives will require the development, maintenance, testing and, when necessary, implementation of operational response arrangements that are:

- able to respond promptly to any changes in alert levels
- developed on an integrated basis, combining local flexibility with national consistency and equity
- capable of implementation in a flexible, phased, sustainable and proportionate way
- based on the best available scientific evidence
- based on existing services, systems and processes wherever possible, augmenting, adapting and complementing them as necessary to meet the unique challenges of a pandemic
- understood by and acceptable to service providers and the general public
- adaptable to other threats, to the extent that this is practicable without compromising their effectiveness for pandemic influenza
- implemented in advance of a pandemic if this action has significant potential to mitigate the effects of a pandemic and, where possible, other threats or hazards
- designed to promote the earliest possible return to normality.

Although the intention will be to maintain normal services for as long and as far as that is possible, the unique nature of the challenges presented by a pandemic and their likely duration will inevitably require the curtailment of some services and activities in order to limit the spread of infection, allow the diversion of resources or protect those who may be particularly vulnerable. The impact on the provision of healthcare in particular is likely to last well beyond the pandemic itself, and restrictions on elective and other activity will inevitably result in additional discomfort, pain and suffering for many people. Minimising the impact and securing the gradual resumption of services at the earliest possible opportunity are key planning aims. All organisations should take the potential

effects on others of curtailing their services, and the impact on their own business continuity and response arrangements of curtailments by others, into account when developing their plans.

1.7 Underpinning scientific advice

Planning and preparedness for an influenza pandemic need to be informed by the best available scientific evidence at all levels. Continuing to improve the evidence base – and applying the results of research and modelling to the development of plans – is of critical importance to the strategic and operational approach to an influenza pandemic. As knowledge and information are constantly advancing, regular reviews and revisions of plans at all levels are essential.

A Pandemic Influenza Scientific Advisory Group advises the UK health departments (directorate in Scotland). The minutes of its meetings are published on the Department of Health website. Health departments/directorate also receive advice from the Joint Committee on Vaccination and Immunisation (JCVI) and the Advisory Committee on Dangerous Pathogens, and work closely with the Government's Chief Scientific Adviser and the Government Office for Science to ensure that government is making best use of expert scientific advice in this area. National and international scientific review processes are also organised as required.

1.8 Legal framework

1.8.1 International

The World Health Organization (WHO) adopted new International Health Regulations (IHRs) in 2005. These place a duty on states that are parties to the IHRs to notify WHO of any event – irrespective of cause – occurring in their territory which may constitute a public health emergency of international concern. Annex 2 of the IHRs is designed to assist states in deciding whether to notify WHO of an event and makes clear that any case of 'human influenza caused by a new subtype' must be notified. The IHRs also set out core requirements for surveillance and response.

The IHRs came into force on 15 June 2007 and the World Health Assembly passed a resolution in May 2006 urging states to implement those provisions deemed relevant to pandemic influenza early. The goal is to create a framework within which WHO and others can actively assist states in responding to international public health risks by directly linking the regulations to WHO's alert and response activities.

Article 4 of Decision 2119/98/EC of the European Parliament requires member states to inform the European Commission (EC) and each other via the Communicable Diseases Early Warning and Response System (EWRS) of any relevant infectious disease threats with public health implications for other member states and the control measures applied. The decision also requires member states and the EC to collaborate in the control of communicable disease threats.

1.8.2 National

Public health powers in England and Wales are provided by the Public Health (Control of Disease) Act 1984 (c.22), which is currently under review. The Public Health (Scotland) Acts of 1897 (c.38) and 1945 and the Health Services and Public Health Act 1968 (c.46) provide such powers in Scotland; and the Public Health Act (Northern Ireland) 1967 (c.36) provides powers in Northern Ireland.

Powers under public health Acts generally rest with local authorities (in Northern Ireland the health and social services boards (HSSBs)) or their proper officer (in Scotland the designated medical officer, in Northern Ireland the HSSB Director of Public Health). Key provisions include:

- powers to seek orders from a justice of the peace (or sheriff in Scotland or resident magistrate in Northern Ireland) requiring a person to be medically examined or to be removed to or detained in hospital
- powers for a local authority proper officer (or equivalents) to request that a person does not attend work, with a view to preventing the spread of infection; to require a child who has been exposed to infection not to attend school; and to place restrictions on children's places of entertainment
- the creation of criminal offences where people expose others to the risk of infection
- some powers to require the provision of information to help control the spread of disease.

In Scotland, these powers are applicable to infectious diseases generally. In other parts of the UK, the Acts relate mostly to specific diseases and generally to people suffering from them who have been infected and gone on to develop symptoms, not to those thought to have been exposed and potentially infected.

The National Health Service Act 2006 provides other relevant powers in relation to England. These include:

- the Secretary of State for Health's duty to provide a range of services to such extent as he/she considers necessary to meet all reasonable requirements (Section 3), a duty exercised by primary care trusts (PCTs)
- the Secretary of State's power to provide additional services or to do anything calculated to facilitate, or be conducive or incidental to, discharging his/her duties under the Act (Section 2), again exercisable by PCTs
- the Secretary of State's power to direct certain types of health service body about their exercise of any functions (Section 8)
- the power to provide a microbiological service (paragraph 12 of Schedule 1).

The provision of health and social care during an influenza pandemic may also be affected by a range of other legislation, for example the Human Rights Act 1998 and health and safety, equality and medicines legislation.

Part 2 of the Civil Contingencies Act 2004 established a new generic framework for emergency powers. Emergency powers allow the Government to make special temporary legislation (emergency regulations) as a last resort in the most serious of emergencies, where existing legislation is insufficient to respond in the most effective way. Emergency regulations may make provision of any kind that could be made by an Act of Parliament or by exercise of the Royal Prerogative, so long as such action is needed urgently and is both necessary and proportionate in the circumstances. For further information about the powers and safeguards in Part 2 of the Civil Contingencies Act, please consult Chapter 13 of *Emergency response and recovery* or the *2004: A short guide (revised) Civil Contingencies Act*, which can both be found on www.ukresilience.info

For planning purposes, the presumption should be that the Government will rely on voluntary compliance with national advice and that it is unlikely to invoke emergency or compulsory powers unless they become necessary, in which case the least restrictive measures that are likely to achieve the objective will be applied first.

1.9 Ethical considerations

In preparing for and responding to an influenza pandemic, governments, policy makers, public and private sector organisations, professional leaders, clinicians, health workers and many others involved in caring professions or leadership roles will face difficult decisions and choices that may impact on the freedom, health and in some cases prospects of survival of individuals. Many people are also likely to face individual dilemmas and tensions between their personal, professional and work obligations.

Given the expected levels of additional demand, capacity limitations, staffing constraints and potential shortages of essential medical material, hard choices and compromises are likely to be particularly necessary in the fields of health and social care.

People are more likely to accept the need for and the consequences of difficult decisions if these have been made in an open, transparent and inclusive way. National and local preparations for an influenza pandemic should therefore be based on widely held ethical values, and the choices that may become necessary should be discussed openly as plans are developed so that they reflect what most people will accept as proportionate and fair. At the request of the Department of Health, an independent committee with cross-UK representation has developed an ethical framework to inform the development and implementation of response policy. The systematic use of the principles it contains can act as a checklist to ensure that all the ethical aspects have been considered at all levels.

Further details of the ethical framework are available at www.dh.gov.uk/pandemicflu

1.10 Research and development

Research and development into animal and human influenza has made – and continues to make – an important contribution to shaping and informing pandemic preparedness planning and remains particularly vital to improving understanding of the health and wider impacts of any new virus, which by definition are difficult to predict. Behavioural science is also important to our understanding of how people are likely to react.

Pandemic influenza research is coordinated across government departments and research councils by the Pandemic Influenza Research Funders Coordination Group. The Government actively supports national and international programmes of work in this area, encourages the exchange of information and experiences at all levels and contributes to efforts to support those countries whose plans and preparations are less developed. The UK participates in WHO, World Organisation for Animal Health (OIE) and European Union (EU) research programmes and jointly leads the influenza pandemic work-stream of the G8 countries. It also hosts one of the four WHO Collaborating Centres for Influenza at the National Institute for Medical Research. That Institute receives viruses for detailed virological analysis, and its laboratories – together with those of the National Institute for Biological Standards and Control and the National Influenza Reference Laboratory at the Health Protection Agency (HPA) – work closely together. Industry and governments are also devoting considerable

research efforts to developing pharmaceutical countermeasures and finding ways of reducing the time taken for testing and production.

Epidemiological models help understanding of how the disease might spread and the likely effectiveness of countermeasures, whilst operational models look at how we might best implement those countermeasures. Where possible, assumptions for models derive from data from previous pandemics, but where data are not available, information about known influenza viruses provides a source for estimates. UK modellers are amongst the world leaders in this work.