



**TYNE AND WEAR FIRE AND RESCUE AUTHORITY
EMERGENCY PLANNING UNIT**

Committee Report

Meeting : CIVIL CONTINGENCIES COMMITTEE : 6 JULY 2009

Subject : INFLUENZA A (H1N1) PANDEMIC INFLUENZA

Report of the Chief Emergency Planning Officer

1. INTRODUCTION

1.1 The purpose of this report is to provide an update to Members on current planning activity in relation to pandemic influenza.

2. BACKGROUND

2.1 On 29 April 2009 the World Health Organisation (WHO) raised the Pandemic Alert level to Level 5 in response to several countries reporting increasing numbers of people becoming infected with the H1N1 virus.

2.2 The WHO website defines level 5 as:

“Level 5 is characterised by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalise the organisation, communication, and implementation of the planned mitigation measures is short.”

2.3 In response to the raised alert level, the Northumbria LRF Pandemic Influenza Working Group (PIWG), currently chaired by Newcastle City Council, met several times to discuss potential implications and to review plans and arrangements.

2.4 Following this, on 11 June 2009, the WHO alert level was raised to Level 6 in response to the disease being prevalent in at least two regions of the world.

2.5 This level is characterised by

“[additionally to Level 5] the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.”

2.6 The Northumbria LRF is constantly reviewing actions and response activity in light of WHO alert levels; but given the pandemic relates to spread and not severity, and the current effects of the virus on people have in general been mild, no exceptional actions have been deemed necessary at this stage (although this is being kept under continual review).

3 PLANNING DEVELOPMENTS

- 3.1 A Northumbria LRF Multi Agency Pandemic Influenza Plan (LRF MAPIP) was signed off by the LRF Group in March 2009. Whilst, as has been widely recognised, planning for an event of this type of event is extremely well advanced in the UK, there are some residual issues (in common with the rest of the country) that require further development, in particular, planning for excess deaths, training and exercising, communications and work on vulnerability issues.
- 3.2 Since the rise in alert status, the PIWG (previously chaired by North of Tyne NHS, and now chaired by Newcastle City Council) and its members have been working to address these gaps in planning to increase preparedness for an influenza pandemic.
- 3.3 Several general improvements and amendments have been identified and are being progressed. These will be incorporated into version 2.2 of the LRF MA PIP. These are as follows:
- Further development of arrangements for maintaining momentum during a slow burn incident
 - Planning assumptions are likely to change nationally. Current planning assumptions were largely based around the emergence of a flu virus similar to H5N1 and need to be adapted.
 - Arrangements and processes for data collection and reporting to central government have moved away slightly from initial assumptions. The plan will be changed to reflect this.
 - Plans for the distribution of anti viral drugs by health agencies may need to be updated to reflect the new assumptions
 - Further development of information flows regarding school, higher education and further educations premises closures will be amended to reflect current practice elsewhere in the UK.

4 STRATEGIC COORDINATING GROUP (SCG) PROTOCOL

- 4.1 The SCG is a group comprising senior representatives from Category 1 responders (as described in the Civil Contingencies Act 2004) including officers from local authorities and Tyne and Wear Fire and Rescue Service. The group would usually be chaired by Northumbria Police and established as a Gold command at Police Headquarters. Although no formal protocol currently exists, the group has been previously established to deal with emergencies such as during the Morpeth Floods in 2008.
- 4.2 Tyne and Wear EPU drafted an activation protocol for establishing a Strategic Coordinating Group specifically for pandemic influenza in September 2008. After a consultation period with members of the PIWG, this was ratified by the LRF along with the Northumbria Flu Pandemic Plan in March 2009. The protocol describes the process of establishing this group and enabling members to coordinate the response to a pandemic event. Following newly published guidance from the

Association of Chief Police Officers (ACPO), Northumbria Police took over ownership of the SCG protocol in order to bring arrangements in line with national guidance.

- 4.3 Following the raised alert level status to WHO level 6, it was considered unnecessary to establish an SCG as no overt response to the event was required at that stage given the limited severity of the virus. The protocol had made arrangements for this to be established at WHO Phase 6, which would mean that a pandemic had been declared.
- 4.4 This did provide, however, an opportunity to review planning arrangements to ensure a good level of preparedness. At the request of the LRF Chair, the PIWG led and coordinated a review of arrangements. One of the learning points from recent events was around clarification of planning review activities in the lead up to a pandemic without the establishment of the SCG to coordinate this; and the role of LRF sub-group chairs in the planning review phase of such an event.
- 4.5 It was also noted that the WHO Pandemic Alert System described the phases in a chronological order as set out in Table 1 below. It was originally assumed that interpretation of the description of UK alert levels would mean that if WHO declared Phase 6, then LRF's would automatically move to UK Alert Level 2: however the Cabinet Office, having assessed the impact and severity of the current outbreak, have advised the need for flexibility and that arrangements should be continually reviewed in light of prevailing circumstances rather than moving through the phases in strict order as they are set out. This will be addressed in the plan update due to be released for consultation by early July 2009.

Table 1

WHO Phases		UK Alert Levels	Definitions
Inter Pandemic Period	Phase 1	UK Alert Level 0	No new influenza virus subtypes have been detected in humans
	Phase 2	UK Alert Level 0	No new influenza virus subtypes have been detected in humans
Pandemic Alert Period	Phase 3	UK Alert Level 0	Human infection(s) with a new subtype but no human to human spread
	Phase 4	UK Alert Level 0	Small cluster(s) with limited human to human transmission but spread is highly localised
	Phase 5	UK Alert Level 0	Large cluster(s) but human to human spread is still localised
Pandemic Period	Phase 6	UK Alert Level 1	Cases only outside the UK
		UK Alert Level 2	New virus isolated in the UK

		UK Alert Level 3	Outbreak(s) in the UK
		UK Alert Level 4	Widespread activity across the UK
Post Pandemic Period		UK Alert Level 0	Return to inter pandemic period

5 EXCESS DEATHS

- 5.1 The Northumbria LRF Excess Deaths group was established in early 2008 to address planning arrangements for dealing with any excess deaths as a result of pandemic influenza.
- 5.2 The Group initially consisted of local authority representatives from Environmental Health, Registrars and Cemeteries and Crematoria along with HM Coroner representatives and Primary Care Trusts as well as an officer from the Tyne and Wear EPU. As part of the work of this group, a local workshop was held on 18th July 2008 to look at some of the issues surrounding this topic. A full report on this workshop, the first of its type to be held in the UK and commended by the Department of Health representative who was in attendance, was submitted to this Committee in September 2008 .
- 5.3 Current national planning assumptions suggest that up to 17,510 additional deaths could occur over a 15 week pandemic period. This is a worst case scenario figure. It has become clear that the current planning assumptions have allowed for a much more aggressive strain of the flu virus than we are currently seeing. Table 2 shows some best and worst case scenario examples.

Table2

Population: 1,400,800		<i>Northumbria LRF Case Fatality Rate</i>			
		0.4%	1.0%	1.5%	2.5%
Clinical Attack Rate	25%	1,401	3,502	5,253	8,755
	35%	1,961	4,903	7,354	12,257
	50%	2,802	7,004	10,506	17,510

- 5.4 At the request of the PIWG Chair, the Excess Deaths group, now chaired by Gateshead Council, has met to take forward planning arrangements for managing deceased victims during the pandemic. It is essential that plans are in place to ensure that victims continue to receive a dignified service from professionals when dealing with deaths on a potentially large scale.
- 5.5 Tyne and Wear EPU developed a planning framework to facilitate the production of a Northumbria LRF Pandemic Influenza Excess Deaths plan. The plan framework has been designed around Home Office guidance 'Guidance for Planners Preparing to Manage Deaths' to ensure that government guidance is being complied with. This guidance describes 'Different Ways of Working' in three phases as follows:
- Phase 1 – Activation of Business Continuity Plans in individual organisations to cope with demand for services
 - Phase 2 – The relaxation of some policies and procedures at local and regional level
 - Phase 3 – The introduction of temporary changes in the law to assist the death management process.
- 5.6 The draft plan is being developed with members of the group who are in the process of providing information from their organisations and sectors. The group has been expanded to include a Clergy and Faith representative as well as an officer from Government Office for the North East and a representative from the National Association of Funeral Directors.
- 5.7 Members of the group will progress the plan prior to the next meeting which scheduled for early July 2009 to address the issue of plan activation and agreeing trigger points for escalation between the phases described above. The aim is to have the LRF Pandemic Influenza Excess Deaths plan ready for sign off by the next meeting of the LRF in September 2009.

6 VULNERABLE PEOPLE

- 6.1 An LRF Vulnerabilities Group is currently being established to take forward issues about supporting vulnerable people before, during and after an emergency. The group will be chaired by Newcastle City Council, but has yet to have its first meeting.
- 6.2 An officer from Tyne and Wear EPU developed and presented a draft Vulnerability Strategy to the LRF in September 2008 to set out the planned work with regard to vulnerabilities. This, however, was in a much wider context and considered a range of emergency situations. It has become clear to UK emergency planners that specific planning to support vulnerable people in a pandemic flu event is needed. This has since been supplemented by a gap analysis specific to pandemic influenza and

brief overview of some potential risk areas. This has been used to highlight the following work areas

- Clarifying of business continuity arrangements within supported living environments from the perspective of health agencies and local authorities
- Exploring the current capacity of community health and social care provision using the range of current planning assumptions
- Identifying levels of pandemic flu awareness within social/health care providers
- Managing the expectation set for social care services within the community and with professional partners
- Clarifying of Duties of Care issues within the discharge pathway and caring in the community phases
- Addressing information flows between agencies before and during pandemic flu to ensure robust arrangements are in place
- Building on existing arrangements to increase business continuity awareness within procurement teams - health, local authority etc
- Exploring current multi agency information sharing agreements with a view to using them as a basis for vulnerability planning

6.3 This work presents resilience officers with a number of challenges:

- Local authority Adult Social Care teams have been identified within the guidance as taking the lead role for vulnerability emergency planning. This is a new area of work and they are building the capacity to handle these issues.
- The devolving of specific business continuity requirements down a social care procurement chain.
- The strengthening of links between all agencies (statutory and third sector) to maintain the provision of community based health and social care during an influenza pandemic – this includes links into General Practitioners, community nursing/mental health support/midwifery and privately funded social care support
- In the short term we anticipate stronger and closer working relationships between resilience and social care teams. Increased involvement from the Third Sector community groups is also anticipated who are seen as valuable resilience partner agencies, during the planning, response and recovery phases of an incident
- In the medium term we anticipate social care teams having the capacity to lead on vulnerability issues (supported by resilience officers) enabling the use of their specific skills within the resilience arena.
- In the longer term we anticipate vulnerability issues being addressed through mainstream social care activities.

- 6.4 Unlike many other resilience activities, the vulnerable people work stream will have very few tangible outcomes apart from specific items such as the 'list of lists', information sharing protocols etc. Instead, responding agencies will see an increase in the levels of intra and inter agency working when they are looking after the needs of people during a pandemic, providing the best service possible during a time of decreased single agency resources.

7 EXERCISE AND TRAINING

- 7.1 The LRF MAPIP states that at the declaration of WHO Phase 5, training across all agencies should take place. The LRF Chair instructed that this should now take place.
- 7.2 Consequently, an officer from Tyne and Wear EPU, in their role as Chair of the LRF Exercise and Training Group, has arranged the design and delivery of two, 2 ½ hour awareness sessions scheduled to take place on 16 July at Tyne and Wear Fire Rescue HQ. The morning event will be provided for LRF members based South of Tyne, and the afternoon event will be provided for members based North of Tyne in line with current health agency arrangements. There will be 100 spaces per session and invitations have already been issued to all LRF members.
- 7.3 Due to the urgent nature of the Pandemic Flu training, all work programmes have been reviewed and some work and events necessarily postponed, such as the North Tyneside Norland Exercise which has now been moved to a later date in 2009/2010.
- 7.4 It is worthy of note that a training event which needs to cover such a wide context and geographical area would usually be planned into the annual Exercise and Training Calendar to ensure that members organisations had sufficient time to plan, design and deliver such an event. The forthcoming Pandemic Flu training has been pulled together in a very short space of time using resources, not only from Tyne and Wear EPU, but from all partner organisations all of whom have given excellent support to this event.
- 7.5 The training will put the current situation into context using current planning assumptions and will describe what the potential impacts could be on organisations within the LRF. The sessions will also look at planning arrangements in order to provide consistency across Northumbria and raise awareness of the issues arising from an influenza pandemic.
- 7.6 In addition to the scheduled training, the group are also developing an electronic training package that will be available for use by agencies for adaptation to suit their own internal training needs.

8 COMMUNICATIONS

- 8.1 A small working group, made up of members from the LRF Public Communications Group (currently chaired by Gateshead Council) is

developing an LRF Communications Protocol. Specifically, the group will be looking at public communications during a pandemic at a local level. Although the main public information campaign is being driven by the NHS on a national scale, there will still be a need for local communications with members of the public and business communities.

- 8.2 Another issue being investigated by this group is the coordination of media information in order to provide a consistent approach in Northumbria. One concept under consideration is the provision of a central media cell within the Strategic Coordinating Group in order to streamline activities and minimise conflicting messages and communications.
- 8.3 Once the protocol has been finalised, the LRF Public Communications Group will review and ratify the recommended approach to be presented for sign off by the LRF.

9 CONCLUSION

- 9.1 The first pandemic of the 21st Century has started. A great deal of planning has already been done both locally and nationally, which puts the UK in an excellent position to respond to its effects. Current experience of this virus shows that whilst it is a rapidly spreading illness, it is one which is mild in most people so far, and one which has resulted in a low level of hospitalisation. The severity at present is less than planned for, although this could change.
- 9.2 However some uncertainties remain. At present we know the virus is transmitted in the same way as seasonal flu: but not how long people remain infectious. We are dealing with an unexpected virus (H1 not H5 strain), which had an unexpected epicentre (Mexico and not SE Asia as anticipated). It is believed (although without any absolute scientific knowledge) that there will be an upsurge in the autumn. It is not yet known whether the virus will adapt or mutate; whether a drug resistant virus will emerge, and what the precise timing of any autumn/ winter peak in cases will be.
- 9.3 A great deal of planning and training activity is currently taking place in Northumbria LRF. The EPU is currently amending the MA PIP in line with lessons learned and is working very closely with the LRF PIWG Chair to address issues arising in light of current circumstances.

The opportunity afforded by the 'slow burn' nature of recent events has afforded a valuable opportunity to review plans and arrangements to ensure that planning arrangements are up to date. Some elements of the plan have already been put to the test and improvements and amendments identified as part of the process. The opportunity to include these lessons learned has been extremely valuable. The next version of the plan will be ready for sign off by the LRF at its next meeting in September 2009.
- 9.4 Whilst plans are well advanced, due to the scientific uncertainties associated with this virus, responders clearly need to remain vigilant, and

be ready to respond at short notice to deal with a rapid rise in the number, or severity, of cases should this occur.

- 9.5 The flu pandemic has of course impacted on local, regional and national planned work programmes requiring reprioritisation and postponement of certain work streams, training and exercises. Members will appreciate that this is similarly impacting on EPU performance targets, which are routinely reported to this committee, but assurance is given that all key workstreams are being kept under constant review and reprioritised as necessary. .

10. Recommendations

10.1 Members are asked to:

- i) note this report
- ii) receive further reports on this important issue as the situation develops.

BACKGROUND PAPERS

- Civil Contingencies Committee – ‘Pandemic Influenza Excess Deaths Workshop’ – 8th September 2008
- Civil Contingencies Committee – ‘Vulnerabilities Workshop of 13th March 2008’ - 7th July 2008