



Pandemics and Infection Control:
Meeting Tomorrow's Threats and Challenges Today

Marc Beveridge

Public Health England



Public Health
England

Planning for Pandemic Influenza

Marc Beveridge
Corporate Resilience Team
Public Health England



Public Health
England

Public Health England - What We Do

We work with national and local government, industry and the NHS to protect and improve the nation's health and support healthier choices. We are addressing inequalities by focusing on removing barriers to good health.



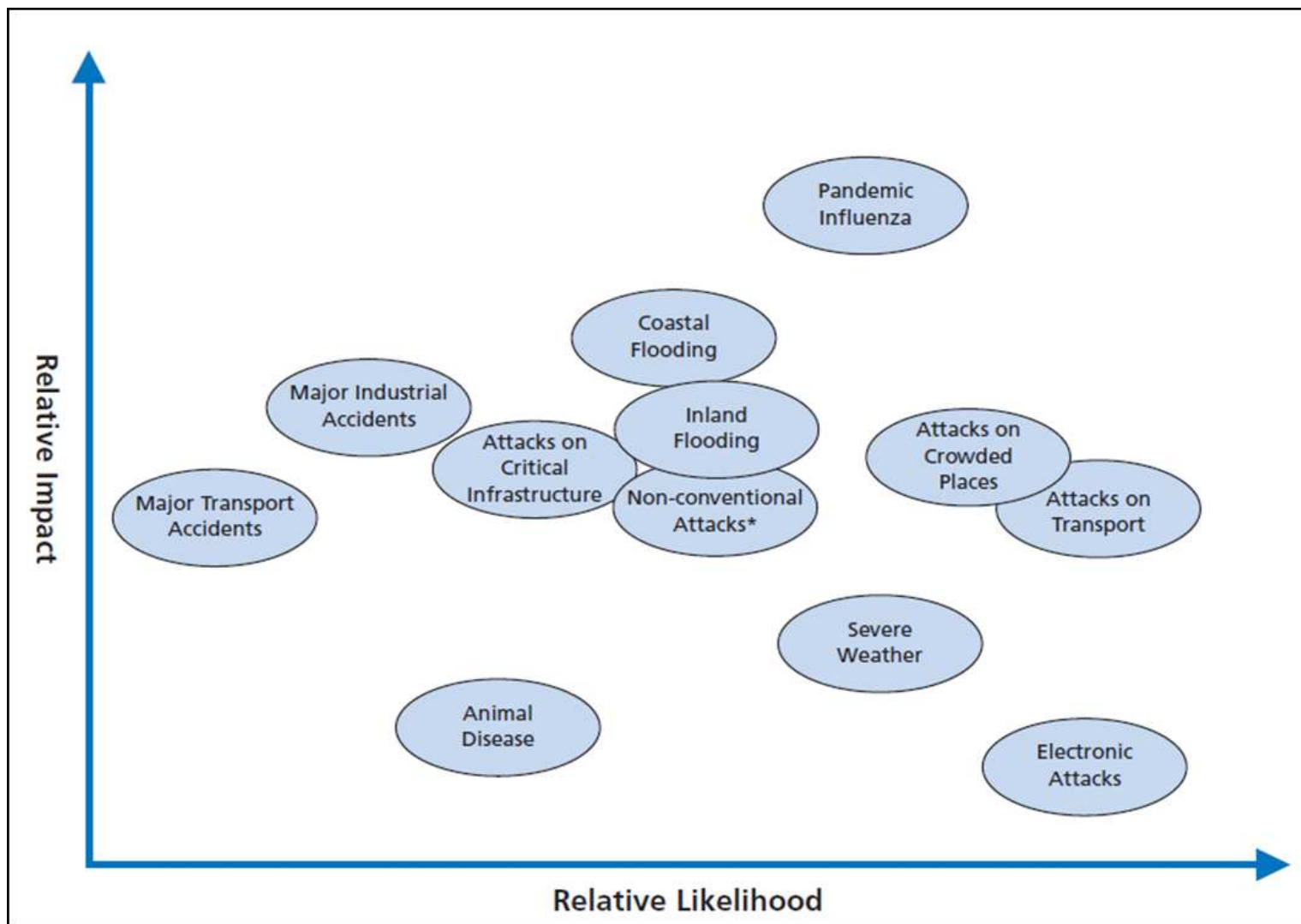
We are responsible for

- Making the public healthier by encouraging discussions, advising government and supporting action by local government, the NHS and other people and organisations
- Supporting the public so they can protect and improve their own health
- Protecting the nation's health through the national health protection service, and preparing for public health emergencies
- Sharing our information and expertise with local authorities, industry and the NHS, to help them make improvements in the public's health
- Researching, collecting and analysing data to improve our understanding of health and come up with answers to public health problems
- Reporting on improvements in the public's health so everyone can understand the challenge and the next steps



Who we are

- We employ 5,500 staff, mostly scientists, researchers and public health professionals. We have 15 local centres and 4 regions (North of England, South of England, Midlands and East of England and London). We work closely with public health professionals in Wales, Scotland and Northern Ireland, and internationally.
- Public Health England was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service.





Precautionary: Responding in relation to the risk

- In the early stages of the influenza pandemic, it is unlikely to be possible to assess with any accuracy the severity and impact of the illness caused by the virus.
- There will be some information available from other countries but the uncertainty about the quality of the information and its applicability to the UK will mean that the initial response will need to reflect the levels of risk based on this limited evidence.
- Good quality data from early cases arising in the UK is essential in further informing and tailoring the response.



Flexibility: managing the phases of pandemic response (1)

- WHO global pandemic phases are not applicable as a planning tool within individual countries. In 2009, the UK was well into its first wave of infection by the time WHO declared WHO 6.
- The impact of the 2009 pandemic across the UK varied significantly, particularly in the early stages. The introduction or cessation of response measures needed to be determined flexibly in the light of local indicators.



Flexibility: managing the phases of pandemic response (2)

- Nonetheless, it is important to adopt a consistent overall approach to ensure an effective clinical and operational response, optimum use of limited resources and to maintain public confidence. This includes decisions about vaccination and antivirals.
- Although there is local flexibility in how policy is implemented, if the impact of a decision in one area or region has a detrimental effect on other areas, then it may be appropriate to limit flexibility.



Public Health
England

DATER

Detect – activity elsewhere

Assess – activity in the UK

Treat – initial cases

Escalate – increasing pressure

Recover – intra- and post-pandemic



CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.



NHS

© Crown Copyright 2011. All rights reserved.



Public Health
England

Further Information

www.gov.uk/phe

Follow us on  @PHE_uk

Marc.beveridge@phe.gov.uk