

*From the Chief Scientist and Director of Health Protection,
International Health and Scientific Development*

Skipton House
80 London Road
London
SE1 6LH
Tel: 020 7972 5353
Fax: 020 7972 5167

david.harper@doh.gsi.gov.uk

National Vaccine Programme Office
Office of the Assistant Secretary for Health
Department of Health and Human Services
Hubert H Humphrey Building
200 Independence Avenue, SW - Room 725H
Washington DC 20201-0004

Dear Sir/Madam,

**PUBLIC CONSULTATION ON THE DHHS DRAFT PANDEMIC
INFLUENZA PREPAREDNESS AND RESPONSE PLAN**

William Steiger asked for our comments on the draft plan posted for public consultation. We have been considering your plan alongside development of our own pandemic influenza contingency plan and discussions we have been having with WHO, hence the delay. I am sorry to have missed your deadline.

Firstly, we would like to congratulate you on producing the document and making it available for public discussion. This is the best way to engage the many partner agencies and organisations that would be involved in the response to an influenza pandemic.

We recognise that this is the 'core document' and that the annexes to come will contain the more detailed information. The stated purpose of the core document is to describe the co-ordination and decision making at national level; provide an overview of key issues for preparedness and response; and outline steps to be taken at national, state and local levels before and during a pandemic.

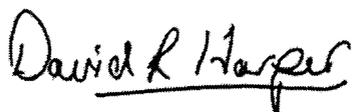
Although the information is there, we find the document a little difficult to negotiate and the information difficult to access. We therefore think that the document would benefit from some editing to make it a more useful source of information for others in developing their own plans.

Some more particular points you may wish to bear in mind are as follows:

- You will be aware that there is discussion internationally about the phases of an influenza pandemic. We have found it helpful to use the current WHO phases as a description of the international evolution of a pandemic, while also having specific UK 'Alert levels' which trigger escalation of our national response. These may overlap the international phases depending on the point at which the virus enters the UK.
- The document focuses on the health response and is relatively light on the wider consequences (which will also impact on the health response).
- We have found that people need more information about the likely scale over time to inform their own planning.
- It is not clear what strategy options are being considered (especially for vaccine and anti-virals)
- We agree that communications are a key element. An important part of the strategic communications will be the information Government requires to assess the risk and assess the current status – and pressure areas - of the response. An important part of the public communications strategy will be to manage people's expectations, in particular for drugs and vaccines when they are in limited supply.
- You might usefully include measures that could be incorporated to reduce the risk of the emergence of a potential pandemic influenza strain.
- We appreciate that you have given careful thought to the challenges of distributing vaccine through private and public health systems. However, we wondered what assessment you had made of how the population would be vaccinated in what could be a narrow window of opportunity? Would this be done through State-wide public health services, or through private and public services, and what impact would this have for provision of other routine care?
- We liked the succinct summary of the key decisions to be made regarding vaccine development, production and administration.

We hope to be in a position very soon to send you our revised UK Health Departments' Pandemic Influenza Contingency Plan.

Yours faithfully,



Dr David R Harper

WHO Comments on the Draft US Pandemic influenza preparedness and response plan.

- We welcome the fact that the plan is being made public for comments. We feel that in order to ensure broad commitment for the plan, it is essential to involve the community in the planning process.
- We are delighted to see that global collaboration, especially in the field of surveillance and early warning, is being presented as an integral part of the plan. We are grateful for the DHHS support to our Global Influenza Programme and are looking forward to continued collaboration in the future.
- We agree that pandemic preparedness planning is a process that takes time. For that reason, it is fully understandable that many issues raised in the document are still under consideration or subject to further study. In this respect we feel it important that the DHHS has introduced a benchmark for state pandemic influenza planning. This instrument may ensure that at all levels, people working on the planning process is being seen as a continuous activity.
- Regarding the goals of a pandemic response (page 8), you may consider to add an objective that reflects the sense of duty to ensure equitable access to scarce supplies.
- On page 10, it is mentioned that the current range of options for purchase and distribution of influenza vaccines is currently being considered. Since many countries have to deal with comparable questions, we would be interested to learn from your ideas and experiences in order to better advise our member states.
- We would suggest that the HHS would include in their considerations how the US can contribute to a global demand, both in a pre-pandemic as in a pandemic situation.
- On page 11, implementation of measures to decrease the spread of the disease are being discussed. As pointed out by the participants of the WHO consultation on priority public health interventions before and during an influenza pandemic in March this year, many of these interventions lack scientific evidence. Nevertheless, a number of measures were considered as being a feasible and useful. This means that the measures as described in this paragraph, may need to be taken in absence of evidence or specific knowledge on the epidemiology of the disease.
- One specific remark we would like to make is that the so-called 'entry screening' was seen as highly ineffective and not recommendable by experts that attended the above mentioned meeting. Therefore, we would like you to reconsider mentioning 'screening travelers from affected areas' in your document.
- We would advise you to refer to the revised International Health Regulations, as soon as they are adopted, on page 12 since the IHR procedures also provide for a system of the development of recommendations and advice.
- Although it is not mentioned specifically, we assume that strengthening surveillance (on page 12/13) includes strengthening the capacity for rapid and large scale diagnostic testing? In addition, we would suggest to add training of health care workers on how to deal with local pandemic preparedness plans, as an essential part of preparedness (page 13).
- On page 17 it is emphasized that one of the intents of the plan is to provide technical background for underlying recommendations. Since many of the recommendations may interfere with human rights or standing legislation, we feel that ensuring an ethical and legal framework for these recommendations should be equally part of the technical background.
- On page 19 (and in section four) reference is made to the current WHO phases. Please be advised that WHO is currently revising the Influenza Pandemic Preparedness plan. We consider to change the current phases (with closest possible adherence to the current phases) in order to better address animal disease due to strains pathogenic for humans as well as early (pandemic alert) phases when rapid intervention may limit or contain spread. Moreover, we will probably include criteria for downscaling of phases. In addition to this, the new plan will probably include more detailed recommendations for national actions by phase and address the proposed revised International Health

Regulations. We will involve staff members from the DHHS in the revision of the document. We foresee the document to be finalized early next year.

- In section two, an overview is given on the major roles of HHS agencies, offices and advisory committees. We feel this is an excellent way to ensure optimal collaboration. In order to further specify expectancies, you may consider transferring some of the tasks into activities with a clear time frame. For instance: the ASPA should 'develop communication plans before (deadline)' .
- On page 22 mention is made on critical differences between a pandemic and other emergencies. Besides the scope of the event (simultaneously throughout the country) it may be important to acknowledge that a pandemic will be a prolonged event as well.

- The Key Decisions for Pandemic Preparedness, on page 23-25 are an important part of the document. We fully support the following items being presented as key decisions:
 - Vaccine purchase and distribution
 - Stockpiling of influenza antiviral medications
 - Priority groups for vaccines and antivirals when in short supply
 - Actions to decrease spread of a pandemic
 - Understanding existing legal authorities and potential gaps

All these issues are mentioned in this part of the document and should in our perspective have the same 'weight'.

- Given the fact that a pandemic is likely to affect several states at the same time, we feel that the Federal role in vaccine purchase and distribution is a major consideration.
- When it comes to vaccine purchase and distribution as well as to stockpiling of influenza antiviral medication, we feel it is important to distinguish national and international needs and response. International response would not only mean 'offering support to the global community' but also assisting US citizens outside the country.
- On page 25 you highlight the need for including persons from the emergency response sector in local planning committees. We would suggest you to specifically add animal health experts as well.
- On page 26 you may wish to add research as a separate topic, as much of the planning for research during a pandemic can (or need to) be done in the interpandemic period.
- We are happy to see that NGOs and volunteer organizations are involved in the planning of health care services. We feel this is of major importance to ensure compliance to specific plans.
- On page 30/31 several obstacles regarding animal influenza surveillance are described. If possible, you may wish to include how the HHS wants to address these obstacles.
- In section three you mention that HHS has developed an internal Concept of Operations Plan (CONOPS). We feel that the development of standard operating procedures is a very useful way to clarify complex processes. We would like to encourage you to proceed with this development and would be very happy to receive, if possible a draft in order for us to learn from your experience and to better advise other member states.