

Minutes to the first meeting of the pandemic influenza SAG

Wednesday 22 June 2005 – 2pm

Attendees

Dr David Harper
Professor Roy Anderson
Professor Chris Bartlett
Professor Gordon Conway
Dr John Edmunds
Professor Neil Ferguson
Professor George Griffin
Dr Stephen Inglis
Dr Steve Leach
Dr Nigel Lightfoot
Professor Barry McCormick
Professor Robert Read
Professor Maria Zambon

Observers

Dr Peter Dukes
Dr Helen Almey
Dr John Stephenson
Dr Mike Simmons, National Assembly for Wales
Dr Lorraine Doherty, DHSSPS (Northern Ireland)
Dr Elizabeth Stewart, Scottish Executive Health Department
Dr David Salisbury
Dr Jane Leese
Siobhan Jones

Apologies were received from Professor Howard Dalton, Chief Scientific Advisor – Department for Environment, Food and Rural Affairs; Dr Diana Grice, Director of Public Health, Surrey and Sussex Strategic Health Authority; and Professor Angus Nicoll, Health Protection Agency.

Welcome and introduction

David Harper welcomed attendees to the first meeting of the Pandemic Influenza Scientific Advisory Group. It was agreed that future meetings should take place quarterly – dates would be circulated shortly.

The terms of reference were agreed. Members asked for more information about the role and membership of the UK National Influenza Pandemic Committee. *Secretariat to circulate remit of UKNIPC, when finalised, and the membership.*

Update on H5N1

The HPA updated Members on the avian influenza (H5N1) situation in South East Asia and the discussions at the recent WHO meeting in Manila. The conclusion of the WHO expert meeting was that there is evidence that the

avian influenza viruses currently associated with some human infections in SE Asia are continuing to change and pose a continuing and potentially growing threat of an influenza pandemic. No further evidence has emerged to date to change this assessment.

Points raised in subsequent discussion include:

- agreement that it was important to be cautious in the use of language to prevent misunderstandings about the level of risk posed by H5N1;
- a suggestion that DH should follow up on how the £500,000 contribution provided to WHO to improve surveillance in SE Asia has been used;
- agreement on the need to continue international collaboration on the sharing of information and samples, and to use the full spectrum of the WHO laboratory network to provide cross-referencing and confirmation of results;
- concern regarding some difficulty in obtaining epidemiological information from SE Asia, for example on impact of use of antivirals, and the need for epidemiological studies in villages where there have been cases;
- agreement on the importance of monitoring antiviral resistance;
- agreement on the need for good research in SE Asia, and the strong potential role for Wellcome Trust, MRC and others;

Actions

MRC and DH to ensure that research is coordinated between all groups involved;

HPA to arrange for the HPA to raise the issue of sharing data and samples with WHO

DH to renew the offer to WHO of UK laboratory assistance.

Near patient or 'dipstick' tests

HPA gave an overview of the potential use of near patient tests in an influenza pandemic. Potential disadvantages of the current tests include insufficient sensitivity to direct patient management and low predictive value when there are few cases of flu circulating. However, the tests can be relatively quick and easy and could prove a useful aid to clinicians in particular circumstances, for example for triaging in A&E departments or in NHS laboratories without diagnostic capability.

Cost was an important issue. It was agreed that there was a need for further modelling of the possible cost savings using these tests compared with clinical assessment alone.

An improved, 'dipstick' test that was also suitable for use by patients would require development of a specification and an approach to manufacturers to develop such a test.

General consensus was that although near patient tests may have some use in a pandemic, at the current stage of technology that use was limited. More work was needed to inform thinking in this area. Use would be driven by the economic impact.

Action

HPA to arrange for the HPA to produce a model to explore the points at which near patient tests might be useful, bearing in mind cost and sensitivity of the tests. Information provided should include an indication of the number of courses of antivirals potentially saved and other potential savings.

International spread and entry screening

HPA summarised the modelling work HPA had conducted on the impact of travel restrictions and entry screening on international spread of influenza. The relevant factor was the extent to which R_0 could be reduced. A 20% reduction in R_0 could potentially delay spread by a month or so and reduce the size of the peak.

Travel restrictions have to be 99.9% complete to have any significant impact on delaying spread.

The entry screening model assumed that no passengers were symptomatic on boarding. The crucial factor was then the percentage of infected people who would become symptomatic – and therefore detectable – by the end of the flight. Even during a 12 hour flight this number was very small. These results would be published shortly in the BMJ.

The conclusion that there is no additional advantage in entry screening provided passengers are screened before travel for clinical symptoms, was endorsed by the Group. It was acknowledged that some form of entry screening might have political or presentational value in an influenza pandemic.

Data collection

Due to time constraints, it was decided to postpone discussion on data collection to a subsequent meeting, perhaps via a sub-group of the main Committee. Meanwhile papers being prepared by the Department, with HPA, would be circulated.

AOB

- MRC informed the Group that the MRC would be setting up a group to consider research needs relating to a possible influenza pandemic, including research that MRC and its partners could undertake in SE Asia. Members were asked to inform the secretariat of relevant work they were aware of in SE Asia. **Attendees to send information to secretariat.** Longer term research needs would also be addressed.

- Members asked for clarification of their role in a pandemic. **They were asked to send out of hours contact details, as well as suggestions for items for future meetings of the Group, to the secretariat.**