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# 1 Introduction

## 1.1 Background

The circulation of influenza viruses typically follows a seasonal pattern and influenza epidemics are frequent during the winter months in temperate regions of the world. These epidemics cause an increase in morbidity and mortality, particularly among the elderly and persons with decreased immunity. Occasionally a new strain of influenza virus appears to which the overall population has no immunity. Such strains may produce an influenza pandemic.

Unlike influenza epidemics, pandemics are very severe outbreaks that rapidly spread to involve all parts of the world. During a pandemic, disease often occurs outside of the usual influenza season, including the summer months, and multiple waves of disease occur before and after the main outbreak. Mortality during a pandemic is very high and is not confined to the usual risk groups: high attack rates can occur in all age groups with particularly high mortality among healthy young adults, as happened in the 1918-1919 pandemic.

It is estimated that a quarter of the world's population were ill with influenza in the influenza pandemic of 1918-1919, and that 40-50 million people died. The mortality was highest among the 20-40 year age group, and contemporary reports described a very rapid onset of disease with death often occurring within hours. The impact of the 1918-1919 pandemic was so severe that the average life expectancy in the USA was reduced by 10 years. Since then there have been a further two influenza pandemics: 1957 (severe), and 1968 (moderate). The fact that the last severe pandemic was in 1957 makes it more likely that the world's population would have little or no immunity to a new pandemic influenza strain, thus making a severe pandemic more likely.

It is almost inevitable that another influenza pandemic will occur. It is impossible to predict when this might occur, but a pandemic has the potential to cause widespread human suffering. The impact of a pandemic will be measured not only by the morbidity and mortality from influenza and its complications but also by the resulting economic and social disruption. A severe influenza pandemic would result in a global health and economic crisis, the scale and impact of which would be greater than either of the two world wars fought in the previous century.

With the ease of global travel a novel virus has the potential to spread rapidly across countries and continents. Expert Guidance is required to enable an informed and coordinated response to be mounted, thereby minimising the effects as far as possible.

## **1.2 Terms of Reference of the National Pandemic Influenza Expert Group**

The National Pandemic Influenza Expert Group has been in existence since 1999, when it was established by the Minister for Health and Children. It works under the Chairmanship of Professor William Hall, Director of the National Virus Reference Laboratory. Current members of the Expert Group and subcommittees established by the Expert Group are listed in Appendix A. In addition to the committee members, expert opinion has been sought on certain specialised issues.

“A Model Plan for Influenza Pandemic Preparedness” was first circulated in 2001 and further revised in 2002.<sup>(1)</sup> Since that time the Pandemic Influenza Expert Group has met regularly to discuss developments in influenza pandemic preparedness. This document, “Pandemic Influenza Preparedness for Ireland: Advice of the Pandemic Influenza Expert Group, 2008”, supersedes all previous publications of the Expert Group.

The terms of reference of the National Pandemic Influenza Expert Group were revised in 2005 to the provision of expert advice as follows:

- To function as a standing Expert Group that will monitor and review national and international research and developments in relation to pandemic influenza, and provide expert advice to the Minister of Health and Children and the Health Service Executive.
- To review current advice and guidance on pandemic influenza preparedness and response, identify gaps, and update and provide clear, evidence-based expert advice on pandemic influenza preparedness and response.

### **1.3 Aim**

The aim of this document, “Pandemic Influenza Preparedness for Ireland: Advice of the Pandemic Influenza Expert Group, 2008”, is to provide timely authoritative information on pandemic influenza, and to provide clear clinical guidance and public health advice to health professionals and others involved in pandemic influenza preparedness and response in line with the revised WHO Global Influenza Preparedness Plan.<sup>(2)</sup> It is relevant to many agencies and groups. This includes Government Departments, health service agencies, health professionals, the pharmaceutical industry, the media and the public.

The Department of Health and Children and the Health Service Executive produced the National Pandemic Influenza Plan 2007.<sup>(3)</sup> The National Plan is based on the framework recommended by the World Health Organisation for national pandemic plans, and reflects the expert advice contained in this document. It concentrates on the health response to pandemic influenza, but also provides the basis for planning which must take place across all sectors of society.

Within the Health Service Executive strategic, tactical and operational plans in accordance with the National Plan and Expert Group Advice, are being developed at local and area level, based on detailed action checklists that have been circulated to all locations and services. Intersectoral issues are

being addressed by an Interdepartmental Committee chaired by the Department of Health and Children.

The National Pandemic Influenza Plan and the HSE strategic, tactical and operational plans now supersede the influenza pandemic appendix of the National Public Health Emergency Plan (NPHEP), 2004.<sup>(4)</sup> Section 5 of the National Pandemic Influenza Plan outlines the roles and responsibilities of those involved in pandemic response. It is currently being expanded and will replace the generic national framework contained in the NPHEP.

The remaining appendices of the NPHEP dealing with SARS and bio threats remain in force until updated by the Department of Health and Children and the HSE.

#### **1.4 Structure of the document**

The phases of an influenza pandemic are described in Chapter 2. Chapter 3 describes the epidemiology of pandemic influenza and its potential impact. Chapter 4 describes surveillance, detection and situation monitoring. Chapters 5, 6 7 and 8 outline the public health response to pandemic influenza, dealing with antivirals (Chapter 5), vaccines (Chapter 6) non-pharmaceutical public health interventions in the pandemic alert period (Chapter 7) and during the pandemic (Chapter 8). Chapter 9 deals with case management and Chapter 10 with infection control. Chapter 11 summarises the situation with regard to avian influenza and the implications for human health.

There is also a series of supplements to a number of chapters (3, 10 and 11), dealing with more operational guidance.

#### **1.5 Changes in this document versus A Model Plan for Influenza Pandemic Preparedness, 2002**

This document replaces the previous Expert Group advice “A Model Plan for Influenza Pandemic Preparedness 2002. The WHO pandemic phases have been updated in line with the revised WHO Global Influenza Preparedness

plan: “The role of WHO and recommendations for national measures before and during pandemics.”

The Chapters on Action Plan, Communications and Legislation have been removed, as these are addressed within the National Pandemic Influenza Plan, 2007. Legal issues that might arise in a pandemic such as implementing non pharmaceutical public health interventions, quarantine etc are considered outside the remit of this Expert Group.

The chapters on antivirals, avian influenza, vaccines, case management and surveillance have been updated. Modelling information on the impact of the pandemic has been updated. A new chapter and supplement on infection control has been added.

In January 2007 a draft version of this document “Pandemic Influenza Preparedness for Ireland: Advice of the Pandemic Influenza Expert Group”, was put out for public consultation. A total of 18 submissions were received and reviewed by the Expert Group. The document was amended in light of these submissions and it was also updated to reflect the latest international research and developments.

### **1.6 Ethical Issues in Pandemic Influenza**

Difficult issues will arise in healthcare during a pandemic. These could include prioritisation of scarce resources and conflicts between personal and professional obligations of staff. Some of these issues are addressed in this document e.g. priority groups for vaccines and antivirals.

The World Health Organisation initiated a project in 2006 to aid countries in addressing ethical issues in pandemic planning and response. The focus is on fairly prioritising access to scarce prophylactic and therapeutic measures and clarifying the ethical obligations of public health authorities and healthcare workers. The project is also addressing issues arising in border control,

isolation, quarantine and social distancing measures and international obligations. The initial report on these discussions has been published.<sup>(5)</sup>

In October 2006, the Irish Council for Bioethics discussed ethical issues in relation to pandemic planning at a conference in Dublin and the findings have been published.<sup>(6)</sup>

The Expert Group has advised that ethical issues should be addressed at a national level now in advance of a pandemic. This recommendation has been accepted. The Department of Health and Children has convened a steering group to oversee the production of a discussion paper on ethical issues and to advise on public consultation.

### **1.7 Appendix A Membership of the National Pandemic Influenza Expert Group**

Professor William Hall, Director, National Virus Reference Laboratory (NVRL)  
(Chair)

Dr Darina O'Flanagan, Director, Health Protection Surveillance Centre  
(HPSC)

Dr Derval Igoe, Specialist in Public Health Medicine, HPSC

Dr Joan Gilvarry, Medical Director, Irish Medicines Board

Dr Jeff Connell, Assistant Director, NVRL

Dr Anna Beug, ICGP (resigned Autumn 2006)

Dr David Hanlon, ICGP (since Autumn 2006)

Dr Colm Bergin, Consultant in Infectious Diseases, St James's Hospital

Dr Gerard Sheehan, Consultant in Infectious Diseases, Mater Misericordiae  
Hospital

Dr John Ryan, Consultant in Emergency Medicine, St Vincent's University  
Hospital

Dr Brendan Crowley, Consultant Microbiologist, St James's Hospital

Dr Charles Gallagher, Respiratory Physician, St Vincent's University Hospital  
(resigned May 2005)

Dr Brenda Corcoran, Specialist in Public Health Medicine, HSE National  
Immunisation Office

Dr Elizabeth Keane, Director of Public Health, HSE South

Mr Gavin Maguire, Assistant National Director HSE, with responsibility for  
Emergency Management (since February 2006))

Dr Kevin Kelleher, Assistant National Director of Population Health - Health  
Protection (since March 2006)

Ms Mary O'Connell, HSE Assistant Chief Officer

Ms Winifred Ryan, HSE National Hospitals Office (resigned July 2005)

Mr Frank McClintock, HSE Assistant National Director, National Hospitals  
Office (since February 2006)

Ms Sally Gaynor, Superintending Veterinary Inspector, Department of  
Agriculture and Food



Dr Eibhlín Connolly, Deputy Chief Medical Officer, Department of Health and Children (DOHC)

Ms Teresa Cody, Assistant Principal, Public Health Division, DOHC (resigned June 2008)

Ms Mary McCarthy, Chief Nursing Officer, DOHC (resigned Sept 2007)

Mr Brian Mullen, Principal Officer, Public Health Division (resigned December 2005) DOHC

Ms Noreen Quinn, Acting Chief Pharmacist, DOHC

Ms Mary Day, Nurse Advisor, DOHC (from Sept 2007)

### **Sub-committees**

#### Infection Control

Dr Derval Igoe, Specialist in Public Health Medicine, HPSC

Dr Peter Finnegan, Specialist in Public Health Medicine, Chair of Infection Control Implementation Group, HSE

Dr Gerard Sheehan, Consultant in Infectious Diseases, Mater Hospital

Ms Siobhan Flanagan, Infection Control Nurses Association

#### Case Management

Dr Deirdre Murray, Specialist in Public Health Medicine, HSE South

Dr Fidelma Fitzpatrick, Consultant Microbiologist, HPSC

Dr Gerard Sheehan, Consultant in Infectious Diseases, Mater Hospital

Dr John Ryan, Consultant in Emergency Medicine, St Vincent's University Hospital

#### Avian Influenza

Dr Derval Igoe, Specialist in Public Health Medicine, HPSC

Dr Peter Finnegan, Specialist in Public Health Medicine, HSE NE

Dr Imelda Lynskey, Senior Medical Officer, HSE NE

Ms Mary Maguire, Occupational Health Nurse, Office of Chief Medical Officer of Civil Service

Dr Renee Moloney, Occupational Health Physician, Office of CMO of Civil Service

Dr Paul Gueret, Occupational Health Physician, Health and Safety Authority

Dr Jeff Connell, Assistant Director, NVRL

Ms Sally Gaynor, Superintending Veterinary Inspector, Department of  
Agriculture and Food

Dr Áine McNamara, Specialist Registrar in Public Health Medicine, HPSC  
(until Dec 2005)

Dr Kevin Kelleher, Assistant National Director of Population Health - Health  
Protection

Mr Brendan McInerney, Principal Officer, DAF (until June 2006)

Dr Tom O'Connell, Chief Medical Officer of Civil Service,

Dr Miriam Owens, Senior Medical Officer, HPSC (until June 2007)

#### Non pharmaceutical public health interventions

Dr Darina O'Flanagan, Director, HPSC

Dr Derval Igoe, Specialist in Public Health Medicine, HPSC

Dr Elizabeth Keane, Director of Public Health, HSE South

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#### **Acknowledgements**

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Ms Orla Bannon, Senior Executive-Corporate Services, HPSC

Dr Karina Butler, Consultant in Paediatric Infectious Diseases, Our Lady's  
Hospital for Sick Children

Ms Kirsty MacKenzie, PA to Director, HPSC

## 1.8 References

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- (6) The Irish Council for Bioethics. Ethical Dilemmas in a Pandemic. Proceedings of the Irish Council for Bioethics Conference 17th October 2006, Dublin. 2007. The Irish Council for Bioethics.