

TRANSCRIPT

Programme(s)	BBC News
Date & time	Thursday 25 June 2009 11:13
Subject/Interviewee	Swine flu - Andy Burnham
Contact numbers:	020 7921 2771

Jane Hill, presenter: *Let's just hear in fact a little of what Andy Burnham had to say. This was his briefing, just in the last few minutes, at the Department of Health.*

Andy Burnham, Secretary of State for Health: There have been significant developments this week and the Chief Medical Officer and I would like to give you an update, and I'll hand over to Liam in a moment to give you some more of the detail, but let me give you some of the latest figures. The situation as of today is that there have now been 3,597 laboratory confirmed cases of swine flu in the UK. The vast majority of people affected have shown mild symptoms, though some cases have been more serious. As you will know, our approach ever since the first flu case was confirmed in April, has been to focus on containing the spread of swine flu as much as possible. Health protection officers have been working tirelessly with the local NHS to identify and isolate cases as quickly as possible, and to trace and offer antivirals to anyone else who may have been exposed to the illness. This obviously is a very resource-intensive process but it has been highly successful to date. Once again I'd like to put on my record... put on record my thanks to the staff of the National Health service, to the Health Protection Agency officials and other health professionals who've made a success of the policy so far. They've been working round the clock to put the brakes on the spread of the disease in its early stages and their efforts have given us precious time to understand the characteristics of swine flu, to build up medical supplies, and to take major strides towards securing a vaccine. And on that latter point I'm pleased to be able to tell you today that we've now signed contracts with GSK and Baxter to secure enough vaccine for the whole population. This takes us another step closer to what is the single most effective way of limiting the impact of this pandemic, and we expect significant supplies to arrive before the winter flu season, and I think Liam may be able to say a little more about that.

Of course while containment has worked very well in its early stages, we've been clear all along that it was highly likely that we would be unable to prevent the spread of swine flu indefinitely. We've expected that all along, and what we are now seeing in parts of the country, particularly in parts of Scotland, the west Midlands and London, is sustained community-based transmission in these areas. Earlier this week I visited Birmingham myself, which is one of the areas most affected, and it's clear to me that the health service staff and officials in the area are moving beyond the point where intensive containment is sustainable, or even helpful, in limiting the spread of the disease, and the visit brought home to me the importance of offering flexibility to staff in those areas so that they can manage the outbreak appropriately on the ground. So yesterday, following the meeting of ministers, the Department of Health wrote to all SHA pandemic flu directors to clarify the approach in those areas where we do need to move beyond containment to outbreak management. In many other parts of the country, it's important to say of course, the number of cases is far lower and they can be contained using the measures that we've used successfully to date. So a containment strategy remains in place, although we are allowing more flexibility in areas where more community transmission has taken place. We don't want to be prescriptive. We want local authorities, local health authorities, to look carefully at the evidence in their area and consult with local GPs and other health experts before

deciding on the right approach. But if I may just give you a few of the broad principles of outbreak management and what that might mean, it might mean that the cases of swine flu being determined by clinical diagnosis as opposed to laboratory testing, that swabbing will be conducted only on a small sample of cases to support the HPA surveillance work, that treatment should continue to be offered to all symptomatic cases, that contact tracing of symptomatic patients and the prophylactic use of antivirals should, or might, stop, according to the local decision-making.

None of this, I should say, changes the message to... our overall message to the public and I think it's important to reiterate that. First, that most cases of swine flu are proving mild. Second, that good respiratory and hand hygiene is the single most important thing people can do to reduce their chances of catching the virus. Finally, if you have flu-like symptoms and are concerned, the advice is to stay at home. If you can go online, check the symptoms on the website, www.nhs.uk, or call the swine flu information line on 0800 1513513. If people have taken all of these steps and are still concerned, our advice is that they should call NHS Direct or their GP.

It is important obviously that people do absorb and act on these messages so that we can keep the pressure off local health services and help them to manage as best they can and ensure that they continue to deliver the very best treatment to patients. And I'd just like to finish before handing over to Liam by saying that though more cases have been identified this week, I think our response needs to remain proportionate and we are being very, very well served indeed in this country by the excellent preparations that have been put in place over many years. So with that I'll hand over to the man responsible for many of those preparations, the Chief Medical Officer, Liam Donaldson.

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Programme(s)	BBC News
Date & time	Thursday 25 June 2009 11.19
Subject/Interviewee	Swine flu - Sir Liam Donaldson
Contact numbers:	020 7921 2771

Sir Liam Donaldson, Chief Medical Officer for England: Thank you, Secretary of State. Just a few words from me on the context in... on the scientific and medical level. We, as you all know because you've been involved in previous press briefings, we had a pre-existing pandemic plan and there haven't been many surprises in how things have gone. We obviously always expect the unexpected but essentially the areas that I think we've had to modify our approach compared to the existing plan are firstly that generally the virus hasn't spread as rapidly in the early phases as we were expecting. The classic pandemic scenario, as you all know, is when you get a completely novel virus of a new protein subtype emerging. This virus is novel in that it is different but it's still an H1N1 so it's got a flavour of the H1N1 that's been around in the past in the seasonal flu, that's why we think some older people may have a degree of immunity to it. So we had never in our earlier plan envisaged that we would be able to do very much containment, it was more or less assumed that there might be an early attempt to limit the first one or two outbreaks but thereafter you would just basically be swamped with cases. So we haven't yet reached that stage and in a bad outbreak of seasonal flu you would be seeing tens of thousands of cases now and we haven't seen that. So we could be in one of two situations: one that this is a virus that is spreading more gradually than might have otherwise been the case, or it could be that we're in the situation of the previous pandemics that we know about in the 20th century where in this country during the summer months we saw a steady climb in cases rather than an explosive outbreak and that we would see the explosive outbreak in the autumn and winter. That's still the scenario that we believe we're in: we're seeing a growth of cases, we're seeing substantial outbreaks in West Midlands, in London, we've had a hotspot in East Berkshire, and these hotspots will continue over the summer months which is why we needed to make the adjustment that we're making to policy on managing the outbreak. But we still think that we're heading for the largest surge of cases in the autumn and winter, and again going back to the briefing we gave a couple of weeks ago, just to recap on that, three possible scenarios in the autumn: one that we go into the autumn and winter with the virus largely unchanged, so it passes through the population, it remains relatively mild except in some people who get severe complications; secondly it undergoes some sort of change and becomes more severe; or the least likely but the most dramatic scenario would be that it combines with another virus subtype and yet another new strain... completely new strain, emerges quite quickly. We think that's much less likely but it has to be borne in mind.

So coming back then to the policy decisions that we have to make and the Secretary of State chairs a regular meeting of COBRA and we produce an analysis of some of the issues that have to be considered and we decide on new policies. The first one is when we switch to the treatment phase when we're getting mass numbers of cases and our arrangements click into place. Now that's a difficult decision because at the moment only certain parts of the country are affected so if we were to move into a national service to deal with it we wouldn't want to do that prematurely, and yet West Midlands and London are under pressure and there will be other hotspots, as I say,

over the summer which will also be under pressure – that’s why we’ve made this adjustment. We’re still dealing with these outbreaks with general practitioners, primary care services and public health services working together, and you’ve heard the changes from the Secretary of State that are being introduced to recognise that there’s community spread so we don’t need to do all the swabbing and contact tracing and prophylaxis that we’ve done before. So when we... but when we move into the true treatment phase we need to time that correctly – for example, some surprising things: we’ve virtually no cases in Wales and Northern Ireland, big parts of the UK largely unaffected – so when we talk to our colleagues in Wales and Northern Ireland the idea that we’re fighting quite big outbreaks, it seems slightly strange to them, they just haven’t had the experience of it yet so... when we don’t know why that’s happening.

So first policy decision is when we switch to this treatment stage, given that we’ve got an unequal distribution of cases in different parts of the UK, so if we go national then we need to pick the right time to do that rather than continuing on our approach of managing the outbreaks. The second thing is that when we do go to treatment... at the moment we’re treating everybody with symptoms but we’ve asked our scientific committees to look at the... whether we should move to treating only people at high risk of complications and to give us scientific advice on that. There is quite a strong body of opinion, clinical and scientific opinion, out there which is saying ‘well this is a mild disease, why are you treating so many people?’ and I think we’re saying ‘well let’s just be absolutely sure that we’ve got the right advice that we can reliably predict who... which groups are at higher risk of complications’, because people with seasonal flu and people are making comparisons here to the mildness of this compared to seasonal do not get antiviral treatment on the whole, they look after themselves with paracetamol and fluids and all the rest of it, so that’s a... we need to carefully judge that decision and make sure it’s underpinned by the science, so that’s the second policy decision that’s facing us.

The third policy decision which professionally is the most interesting but is a difficult one is that when we start to get vaccine how do we prioritise it so... because it’s not all going to come in one clump, it’s going to come... we hope to get some doses in August and then through the autumn more and more. Now the balance there will be between protecting individuals who are at high risk by giving them the vaccine and targeting the vaccine so as to slow the spread of the disease. Now if you were looking at something like foot and mouth disease, all your decisions would be made on the second criterion, you’d be vaccinating in order to control the spread of the disease, but when you’re dealing with human populations you’ve got to balance both considerations: the individual needs to be protected but also by targeting it in a particular way you... for example, towards younger age groups who are more sort of super-spreaders of the disease you may be able to control the outbreak. So some interesting scientific questions there as far as the professionals are concerned but as far as the public’s concerned we want to try and get this decision so it’s the right decision in prioritising the initially limited supplies of vaccine. But worth bearing in mind for those who say, ‘oh well isn’t... you know, we need all of this vaccine for the first winter’, in all previous pandemics in the 20th century excess mortality above seasonal flu has occurred for three years after the new virus emerges so it isn’t just a consideration for this winter, we need to think about the winter after that, the winter after that and the winter after that. So if we didn’t have any vaccine then we would be seeing excess mortalities for those winters as well so we are very confident that we can get vaccine in place which will make some impact this year but hopefully an even bigger impact in the years ahead.

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Programme(s)	BBC News
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Subject/Interviewee	Swine flu press conference Q&A - Sir Liam Donaldson, Andy Burnham
Contact numbers:	020 7921 2771

Andy Burnham, Secretary of State for Health: Let's open the floor to questions. Fergus.

Fergus Walsh, BBC medical correspondent: *Yes. Fergus Walsh, BBC. Let us talk a bit about figures. We've got about 3,300 confirmed cases at the moment, but how reliable is that given that a lot of places now in Glasgow and London are switching to clinical diagnosis, and how many cases are there out there that are going undiagnosed? And secondly, can you give people an idea - we're seeing a rise of about 1,000 or so cases... confirmed cases a week - of what we might expect in the autumn? Are we talking about maybe 100,000 cases a week? What sort of change will there be when it really becomes a national epidemic?*

Sir Liam Donaldson, Chief Medical Officer for England: OK. Well, on the second one, which is a bit easier, I think you'd be looking at tens of thousands of cases a week. On the first point, I can't give you a clear-cut answer to that, but just a number of observations which, I think, will give you a bit of context: when... and the first one is anecdotal, but based on testing; when I recently visited the northeast of England to give some speeches and open a facility, I called in on the flu people there, and they... I said to them people have said there might be 30,000 cases out there we haven't diagnosed. They said, 'well we have haven't had that many declared cases, but we've had a lot of people ringing up with flu-like symptoms, and we've tested them because we haven't known... they've been swabbed because we haven't known whether they were swine flu, and we have yet to find a case'. So I said to them, 'well what do you make of it?' They said, 'well at least in the north east we cannot believe that there are large numbers of cases out there undiagnosed for that reason'. Now in... we understand in Scotland at the early stage of the outbreak that something like 10% of people were... with the symptoms were coming up with positive tests, so people talk about the predictive value of the tests, and I think in the largest outbreak areas the figures are much higher - they're 30%, 40% in Birmingham. But in Birmingham they have had large numbers of people who are just worried ringing up, and so the health service is dealing with genuine cases of swine flu, people with other respiratory illnesses, and there's been a lot of common cold around in the last couple of months, and people that are anxious about catching swine flu, particularly when they hear about people in hospital and are ringing up. So it's difficult to discern the balance of those categories, but some of the information I've given you has given you a flavour of what we think.

AB: Susan.

Susan Watts, science editor, Newsnight: *Susan Watts from Newsnight. Can I just ask... you talk about some of the very particular situations in Birmingham and London...*

SLD: Yes.

SW: *...and the need to give flexibility to people in local areas...*

SLD: Yes.

SW: ...and for them to make their own decision-making, I suppose. Are you going to give them... give regions the chance to decide for themselves when they move to a mitigation phase, or is that something you would still judge centrally? And similarly, on this treatment phase, how will you judge when to move that? Will it be central, and what will that mean, I think we need to...

SLD: Well, I mean, it's one of the few times that in my 10 years as Chief Medical Officer, that if I'm criticised for being centralist I don't really mind, because we have moved into command and control. So, what we have said is that we've got very tight control over policy in the NHS, and we do not want people to switch approaches without checking out with us that we're happy. So we will be saying to... I mean, we held the line in Birmingham for... the West Midlands, for quite a long time; we were getting a lot of representations from them that they were struggling, and the reason that they were struggling was that the policy of swabbing, sending somebody away, getting them to come back if they had a positive result, was taking GPs, you know, three or four times longer than they would take to assess a normal patient with upper respiratory symptoms. So we... because there was sustained community transmission, and there was no thought that we could contain it, we were... that was one of the reasons for relaxing the policy there. But we did that after quite a lot of pressure, and they did incredibly well, I think, to sustain what they were doing for as long as they did.

AB: And I think, just to add, Susan, to move beyond the containment phase, and we're still, it's important to say, operating a, you know, a containment policy around the country, that, of course, would be a decision that I would need to consider with health ministers in Scotland, Wales and Northern Ireland as well, so it's not, you know, it's a decision that would come to the Committee of Ministers.

SW: *And what would be the trigger for the treatment phase?*

SLD: On the treatment phase, I think it's difficult to say. We were... originally we asked the Health Protection Agency for a ballpark figure, and they were reluctant to give it to us but they felt 3,000 cases, but that was working in a phase of tight containment where people were being swabbed, contacts were being traced, prophylaxis, but I think it's difficult to put a number on it. But I think if we had West Midlands-style outbreaks in five different parts of the country, or the UK, I think we would then be moving to a very... a different model where... and it's difficult to be absolutely sure, but that's the sort of area that we would be in.

AB: Yes.

Ian Woods, Sky News: *You said right from outset that you thought the containment campaign had been highly successful. Can you define that? I mean, back in April did you have a figure of what you thought it might get to by the end of June, and is it lower or higher than that?*

SLD: Well, I think it is difficult to have proof of the fact that we've slowed the spread, but the containment policy was always of using antivirals, which is the other weapon we have apart from the hand hygiene measures, and then the vaccine. Was... the whole policy of antivirals was to contain... well, to treat people and protect them, but also to contain spread until we got a vaccine, and as I said, in the original plan a lot of us were sceptical that that would be worth doing for more than a couple of weeks, but it's actually... we've moved into a [word unclear]. So a lot of the clinicians and scientists are saying anecdotally that they do believe that what it did was reduce what's called the viral load, so yes, there was still transmission going on, but the overall load of virus in the initial areas affected, because of the prophylaxis, as well as the treatment, had slowed down transmission. And ultimately we should be able to look at this when everything's done and dusted, because we'll have a lot of surveillance data and we will be able, retrospectively, to track what happened in

particular areas. But it is puzzling that, you know, in some parts of the country after schools... there were school outbreaks; they then declined and tailed off in other parts of the country. Particularly the West Midlands, we've had this really sustained spread, and people speculate that because there are large ethnic minority communities in the West Midlands that they have very extended kinship networks, and because of that there's much more social contact between children and adults and so on, so that could be the reason that we're seeing greater spread in the West Midlands. But London is London, and, you know, there's huge amounts of movement of population, travellers coming in on flights and so on, so it's not really unexpected that we're seeing London featuring in this, but the West Midlands...

Jane Hill, presenter: *Well, we will leave that news briefing for now. Sir Liam Donaldson, the Chief Medical Officer for England, speaking alongside the relatively new Health Secretary, Andy Burnham.*

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