14 February 2008

The Pandemic Influenza Preparedness Team
Department of Health
452C Skipton House
80 London Road
London SE1 6LH

Dear Sir or Madam

Pandemic influenza: surge capacity and prioritisation in health services – consultation

I have pleasure in attaching a response from the Nuffield Council on Bioethics to the above consultation. We focus in the response on relevant findings from the Council's recent report: *Public Health: Ethical issues*, which, among other things, considered infectious disease as one of its case studies.

I hope that this is a helpful contribution to the consultation. Please let us know if we can be of further assistance.

Yours faithfully

Hugh Whittall
Director

Department of Health Consultation: 'Pandemic influenza: surge capacity and prioritisation in health services'

Consultation response from the Nuffield Council on Bioethics

1 In November 2007, the Nuffield Council on Bioethics published a report on *Public health: ethical issues*. The report uses a number of case studies to illustrate a discussion about ethical issues in public health, one of which was that of infectious disease.

2 In this response we draw your attention to a summary of the principal findings from our report that are relevant to your consultation. Page and paragraph numbers are provided, which refer to the respective sections in the full report, a copy of which is included with this response. It can also be downloaded from http://www.nuffieldbioethics.org/go/ourwork/publichealth/introduction.

Health inequalities

3 In Section 6.2 of your document you outline seven guiding principles that need to be considered when planning for a surge in capacity during a pandemic of influenza. Neither here nor elsewhere in the document is any mention made of health inequalities. These are also not mentioned in the *Ethical framework for policy* that is referred to. The Nuffield Council takes the view that it is important that health policies are sensitive towards health inequalities (paragraphs 2.27–2.32). The following extract relates this particularly to the pandemic situation:

> "There are many different options for allocation strategies. We do not explore them here, but note that various considerations and principles might be involved, for example: even distribution across different sectors of the population; a 'fair innings' approach, whereby the youngest are given preference; focusing on reducing harms, 'fair chance' or saving-most-lives approaches; or preferential treatment of those most at risk through their occupation (healthcare workers) or those who perform critical duties (key workers).
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> In the UK there are some stocks of a vaccine that could be considered for use in the prepandemic phase, and it is intended that these should be given to healthcare workers. Once a pandemic emerges, it is anticipated that a further vaccine specific to the pandemic strain would be developed and manufactured, but in the UK's draft pandemic framework there is no specific indication as to how these vaccines would be allocated even though clinical prioritisation is described as "inevitable". We noted in paragraphs 2.27–2.32 the importance of public health programmes being sensitive towards health inequalities between different groups. It has been suggested that in the case of a pandemic some groups that are already disadvantaged are likely to experience a further and disproportionate burden as, for example, they may be assigned a low priority on allocation plans. The implications of allocation strategies for disadvantaged groups therefore require careful consideration." (paragraphs 4.64–4.65)

Communication

4 Section 12 of your document deals with communication. In relation to this point, the following extract of our report may be helpful:

> Information is important not only during an outbreak but also in planning for such scenarios. It is appropriate therefore that preparations should be made, and that these should include consultation and engagement with the public and other stakeholders. We note that another of the elements of the draft UK influenza pandemic framework is to encourage "prior public debate to explore the ethical, professional and practical implications of an influenza pandemic, condition public expectations and ensure that decisions are made in an inclusive and transparent way". The Working Party endorses this approach.
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> Where a potentially serious infectious disease outbreak or incident occurs, the relevant authorities should ensure that they neither downplay the risks, which may lead to higher rates of preventable infections, nor overstate the risks, as this may result in panic or a lack of public trust that could be long-lasting. The UK health departments and health protection agencies, in particular, have a responsibility to ensure the timely provision of adequate and appropriate information about the nature of an infectious disease outbreak or incident, the type of interventions to be implemented and the rationale for their use. (paragraphs 4.71-4.72)