

News Archyves Uk

newsarchyvesuk.com

Government office briefing leaked about UK pandemic threat – key points World news

April 24th, 2020

<https://www.newsarchyuk.com/government-office-briefing-leaked-about-uk-pandemic-threat-key-points-world-news/>

The 2019 National Security Risk Assessment (NSRA) is a comprehensive planning document that defines the risks to the UK and what is needed to prepare them.

It was signed by Sir Patrick Vallance, the government's chief scientific adviser. Over 600 pages, it goes through dozens of potential threats, but a "flu-like pandemic" tops this list of concerns, as it has been for years. Here are some selected extracts ...

https://www.scribd.com/document/457900683/Uknsra-Selected-Pages-Redacted#from_embed

<https://www.scribd.com/document/457900683/Uknsra-Selected-Pages-Redacted>

Overview

Up to 50% of the UK population can get sick, with up to 20% of people out of work during peak weeks, causing a significant impact on business continuity. Critical national infrastructure may also be affected during peak periods. There would be a huge increase in the demand for health services and social assistance.

In addition to very serious levels of stress on the national health system, the level of excess deaths would increase the capacity within the organizations involved in the management of the deaths. This would be felt nationwide, with local capacity likely to begin to be overwhelmed during the peak of the pandemic. Although not explicitly stated in any case, a flu-like pandemic would likely exacerbate the effects of the vast majority of risks in the NSRA, as all sectors would be pressured by staff.

Responsiveness requirements

Disease surveillance and early detection procedures should be put in place, in addition to any associated infrastructure. Similarly, robust and tested arrangements should be made for rapid scientific and clinical advice.

Local and national plans for the management of excess deaths resulting from any mass accident event should be in place.

Local and national plans must be taken into account to cope with an increase in the demand for health services and social assistance.

You need to have stocks of countermeasures and advanced purchase agreements for those that cannot be acquired in advance.

Communication plans should be in place to encourage social removal and good hygiene. Sectoral resilience plans need to be applied, including planning for the absence of key workers.

Multiple waves

An influenza pandemic is expected to occur in multiple waves.

This means that recovery from one wave may be hampered by the arrival of a subsequent wave. Even after the end of a pandemic, it is likely that it will take months, or even years, for the recovery of health and social care services, although an exact timetable cannot be foreseen. The economic impact is likely to be felt for years.

The worst case scenario (RWCS) assumes that the pandemic will come in multiple waves (up to three), each lasting around 15 weeks each.

For example, in the RWCS, 9,840,000 people would request an evaluation by health services (30% of those who are symptomatic), of which 1,312,000 people would require hospital care and 328,000 the highest level of intensive care. Using the British population estimated for 2016, this RWCS could result in 820,000 casualties.

In addition to very serious levels of stress on the national health system, the level of excess deaths would increase capacity within organizations involved in the management of deaths, including coroners and burial services. This would be felt on a national scale, with local capacity being overwhelmed during the peak of the pandemic.

- The pandemic would occur in one or more waves. Each wave should last 15 weeks, with the peak weeks occurring at weeks six and seven in each wave.
- 50% of the population would be infected and experience symptoms of pandemic flu during one or more waves. The actual number of infected people would be greater than this, as there would be numerous asymptomatic cases.
- A 2.5% mortality ratio, which means that 2.5% of those with symptoms could die from the flu virus. 4% of symptomatic patients would require hospital treatment, 25% of whom would need the highest level of intensive care (level three).
- Disease rates of about 10-12% (measured in new weekly clinical cases in proportion to the population) are expected in each of the weeks in the two peak weeks (weeks six and seven).
- Illness absence rates will reach 17-20% in peak weeks.

About vaccines

There are no known markers announcing the start of a new pandemic. Based on most current vaccine technologies, it is likely that it will take at least 4-6 months after a new virus has been identified and isolated for an effective pandemic influenza vaccine to be available from manufacturers in large quantities.

This means that the first wave of the pandemic will not be preventable with the vaccine; it will not be possible to contain a new pandemic virus in your country of origin or on arrival in the United Kingdom.

The virus is expected to spread rapidly in the UK (a major global transport hub) and that any local measures taken to stop or reduce the spread will likely have very limited or partial success nationally and cannot be relied on. way to “buy time”.

The UK has an advanced purchase agreement for the pandemic vaccine, which can be activated in response to a pandemic threat. Even after the end of the pandemic, it is likely that it will take months, or even years, for the recovery of health and social care services, although it is not possible to foresee an exact calendar.

In the event of death – moderate viral pandemic

This variation models a moderate pandemic, based on the pandemics of 1957 and 1968.

The annual probability of a pandemic with the characteristics described below is 2%.

The specific assumptions of this scenario are listed below.

- About 32% (21,320,000) of the population would be infected and exhibit symptoms of pandemic flu.
- A case mortality ratio of 0.2%, resulting in 65,600 deaths.
- Of the symptomatic patients, 0.55% (117,260) would require hospital care, 25% (29,315) of whom would require the highest level of critical care (level three).
- Peak disease rates of around 6.5-8% (measured in new clinical cases per week in proportion to the population) would be predicted in each of the weeks in the two peak weeks (weeks six and seven). However, this scenario would have a significant impact on health and social care systems, as well as on death management systems.

There would also be a higher than usual absence from work.

In confinement

Public health measures such as school closings and social withdrawal could partially delay the peak of a pandemic wave by a few weeks at the most and could reduce the overall size of a pandemic wave.

However, these measures are disruptive, with known secondary consequences (e.g. closing schools would reduce the availability of health workers) and the limited evidence available suggests that these measures have maximum effect if implemented early and simultaneously.

For the RWCS, it is assumed that the schools have not been closed. Global travel, especially commercial airlines, will have an impact on the spread of the disease. Although the tension was mild, the pandemic in 2009 showed that rapid global spread was possible. However, evidence suggests that border control measures would be largely ineffective, as the duration of most international passenger flights is significantly shorter than the disease incubation period.

Behavioral impact / public outrage

Public outrage would likely be determined by the government's preparations and response. Mismanagement of the situation by the government would significantly aggravate the level of indignation. There would be significant and widespread public outrage towards the authorities, given the high number of victims and victims within vulnerable groups. There would also be significant anger if vaccines, antivirals or other countermeasures were not perceived as effective, uniformly distributed or available as soon as possible, even when compared to other countries. The performance of the health and care system will likely contribute to public outrage, especially if the provision of the remaining services is viewed as unevenly distributed. There is also a risk that public outrage could be directed both to foreign nations and to citizens (who are seen as the "source" of the problem) for not preventing the spread or import of disease into the UK.

Economic impact

Total cost: £ 2,354,738,558,884

Economic impact – confidence assessment.

To put this figure in context, £ 2.35 tn is the equivalent of 131% of GDP.

It is worth noting that a large part (£ 1.5 tn) of the economic impact comes from the social value of the deaths.

Emerging infectious diseases

Responsiveness requirements

Capacity requirements include disease surveillance systems, personnel trained to improve infection control practices, adequate access to personalized protective equipment, adequate access to public health personnel to track and monitor contacts and excess death management skills. (including potential infectious material). Decontamination services must be available.

Adequate specialist health services, such as high-level isolation units, as well as adequate quarantine facilities.