Royal College of Physicians
Setting higher medical standards

11 St. Andrews Place
Regent's Park, London NW1 4LE

Telephone +44(0) 20 7935 1174
Textphone +44(0) 20 7486 5687
Facsimile +44(0) 20 7487 5218

www.rcplondon.ac.uk

From The Registrar
Rodney Burnham MD FRCP

Telephone extension 235
Direct facsimile +44(0) 20 7487 5218

Dr Simon Edwards
Science Policy Section
The Royal Society
6-9 Carlton House Terrace
London SW1Y 5AG

22 March 2006

Dear Dr Edwards

Re: Royal Society/Academy of Medical Sciences study on pandemic influenza

The Royal College of Physicians welcomes the opportunity to submit evidence to the above study. We wish to offer the following comments as a joint submission with the British Thoracic Society.

1. The Royal College of Physicians London (RCP) and the British Thoracic Society (BTS) support the scope of the study to rigorously assess the scientific understanding of avian and pandemic flu and to ensure that such evidence informs recommendations and guidelines for management over a range of issues.

2. We are aware that various guideline documents have been published by the Department of Health on the Chief Medical Officer's Website.

3. The Royal Society's working party is referred to **The Pandemic Flu Clinical Management Guidelines** that were prepared by a multi professional working group comprising representatives from the British Thoracic Society, British Infection Society and the Health Protection Authority (Reference: Committee of the British Thoracic Society, British Infection Society, Health Protection Agency acting on behalf of the Department of Health. Clinical Guidelines for Patients with an Influenza Like Illness during an Influenza Pandemic. (http://www.dh.gov.uk/assetRoot/04/12/17/55/04121755.pdf), published as part of the Chief Medical Officer's Pandemic Influenza Plan published 19.10.05 (http://www.dh.gov.uk/PolicyAndGuidance/EmergencyPlanning/PandemicFlu/fs/en). The Guidelines Committee involves Specialists from both primary and secondary care, paediatricians and adult physicians. The RCP was kept informed of progress through one of its representatives. The draft clinical guidelines were sent out for consultation in the autumn of 2005 and are very shortly due to be re issued on the website after extensive revision (by the end of March 2006). In view of the short time scale, these guidelines are not written in a true evidence based format where evidence and recommendations is graded according to standard systems (eg SIGN recommendations).

4. The **Pandemic Influenza Clinical Guidelines Committee** recognised that there was limited new data relevant to pandemic influenza, that could be used to produce evidence based

clinical management guidelines and that consensus opinion and extrapolation from seasonal influenza and community acquired pneumonia published data (the commonest complication of influenza) was deemed necessary.

5. There was also a very strong feeling that, although clinical guidelines could be prepared now based on current knowledge and extrapolated from historical data from previous influenza pandemics, seasonal flu and the limited data from human HPAI, the true nature of the disease caused by a new pandemic influenza virus would only become apparent as a pandemic developed. It is therefore essential that any guidelines can be rapidly updated and revised as experience emerges during any new pandemic.

6. The British Thoracic Society and British Infection Society have previously produced clinical guidelines related to SARS (Lim WS, Anderson SR, Read RC for the SARS Guidelines Committee of the British Thoracic Society, the British Infection Society and the Health Protection Agency. Hospital Management of adults with Severe Acute Respiratory Syndrome (SARS) if SARS reemerges – updated 10 February 2004. *J Infection* 2004; 49: 1-7. [Also published on BTS website - http://www.brit-thoracic.org.uk/guidelines]. There are some similarities but many differences between SARS and pandemic influenza. The SARS epidemic did produce some useful lessons regarding strategies and preparedness for an outbreak, emergency planning response and the wider ethical, social and regulatory issues.

7. The Royal College of Physicians is working closely with the British Thoracic Society to set up an educational resource for Health Care Professionals when faced with an influenza pandemic. A multi professional conference is planned for 19 September 2006.

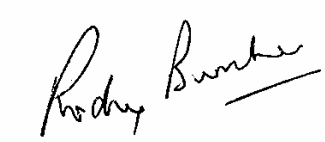
8. Any strategies for preparedness for an outbreak should include the ability to educate, inform and update a range of health care and other professionals, using the most efficient educational and communication methods. It is very likely that many people will be undertaking tasks for which they are unfamiliar, due to health and other services being under considerable strain from the number of patients and staff absences.

9. The RCP and the BTS are aware that the wider ethical, social and regulatory issues will be extremely important in helping the Health Services, other emergency services but also the public to cope with a quite unexpected and potentially overwhelming catastrophe and the different ethical landscape that will produce. Evidence and debate should occur by professionals **prior** to any pandemic regarding the ethical, social and regulatory issues and these should be debated openly with the public.

10. The RCP and the British Thoracic Society wish the Working Group success with this important venture.

This information may be made freely available.

Yours sincerely



Dr Rodney Burnham
Registrar