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submitted by email

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Dear Dr Edwards,

**Royal Society /Academy of Medical Sciences study on pandemic influenza, Call for evidence Response of the Royal College of General Practitioners**

1. The College welcomes the opportunity to respond to the Royal Society / Academy of Medical Sciences study on Pandemic Influenza, call for evidence.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the 'voice' of GPs on issues concerned with education, training, research, and clinical standards. Founded in 1952, the RCGP has over 24,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

3. Whilst we welcome the opportunity to respond to the specific questions posed by the RS / AMS the questions do not fully fit the perspective of General Practice. We understand that this is as the questions have been framed with the basic sciences in mind; primary care is at the applied end of medicine and science. From our position we can see three applied scientific questions which merit discussion at this stage of pandemic influenza planning.

4. In addition to this we attach as an appendix, evidence submitted by the RCGP to the House of Lords Science and Technology Committee on Pandemic Influenza in September 2005 and we hope this will be of some interest to the Group.

Primary Care Diagnostic Response to Influenza Pandemic

5. Current clinical guidelines give GPs and others a reasonable means to diagnose influenza. However, in reality the symptoms of pandemic influenza are unlikely to be specific enough to discriminate between those that have influenza and those that are worried they may be infected. The set of symptoms needed to get antiviral drugs will be quickly

learned and publicly available. A near patient test with a sufficiently high positive predictive value is needed to engender trust by patients and health professionals. Such tests are not currently available and research is urgently needed. Virological tests conducted in laboratories may be of great epidemiological importance but have little impact in primary care where most clinical case will be managed.

Primary Care Intervention response to Influenza Pandemic

6. There are some interventions that are not specific to pandemic influenza but, are likely to play a role in modifying the impact of a pandemic. Three examples are
   a) The recognition of patients who are developing complications of a minor infection or who have a serious infection initially presenting as minor
   b) The early use of antibiotics to prevent secondary bacterial infections
   c) The practicality and efficacy of enhanced infection control procedures ("non-pharmacological interventions") in preventing the spread of respiratory infections in primary care settings.

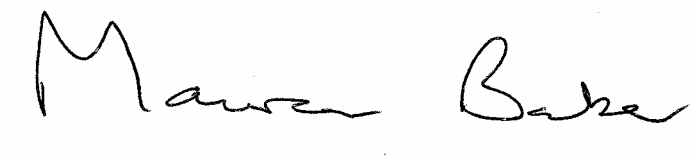
   Research is in progress or is planned for these three examples, which will give results that will be applicable, during and long after a pandemic of influenza.

Planning and Risk Assessment

7. The two medical interventions that are likely to make the most impact are antiviral drugs, like oseltamivir, and influenza vaccines. It seems unlikely that these interventions can be tested by randomised control trials on pandemic influenza sufficiently in advance to permit informed decisions in pandemic plans. Indeed public expectations have been raised by government contracts with pharmaceutical companies that these interventions will be available in most developed countries. So it is likely that antivirals and vaccines will be used after very limited clinical trials. Thus doubts about drug safety and efficacy will be present in patients and health professionals. Current methods of "post marketing surveillance "may not be robust enough to collect the necessary data under pandemic conditions. As much of the data would be generated in primary care settings, it is worth planning with general practitioners how the safety and efficacy of antiviral drugs can be monitored in a pandemic.

8. I acknowledge the contribution of Professor David Mant towards the above comments.

Yours sincerely



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