5 November 2014

Dr Sarah Woolaston MP
Chair
Health Select Committee

Dear Sarah

Health Select Committee Inquiry – Ebola

Thank you for inviting Paul Cosford, Chris Whitty and myself to give evidence to the Committee on 22 October.

We agreed to provide written responses on a number of issues that were of particular concern to members. These focused on: current powers to detain people at entry ports; novel treatments; feedback from local resilience fora on identified weaknesses; screening procedures for people arriving by ship; and NHS preparedness.

Please treat this as a joint response from the Department of Health, Public Health England and NHS England.

Below is information on the first two issues:

Current powers to detain people at entry ports
Passengers identified entering England from Liberia, Sierra Leone or Guinea are required to undergo screening. We know from the initial roll out at Heathrow and Gatwick that passengers understand that it is in their interest and welcome the opportunity to have their health checked. Of course, no system can be fool-proof but we are confident passengers will continue to recognise the importance of screening checks.

Anyone showing signs of Ebola at a port of entry would be detained and transferred to hospital. Under the Public Health (Control of Disease) Act 1984 a medical officer has powers to enforce screening and monitoring for up to 21 days of travellers who have come from an Ebola infected area. If someone was to refuse screening, a medical officer would be immediately contacted to assess the person. Those who fail to comply may face a criminal charge. There is no power to detain a non-symptomatic individual.

We are watching these checks carefully and will continue to ensure we have the right approach in place.
**Novel Treatments**

Prior to the hearing David Tredinnick wrote to me to provide details of some research that makes reference to the mechanism of Mannose Binding Lectins, which are present in Red Algae Extract and the potential application to Ebola. I agreed in the Committee to respond in writing.

The research article describes a putative role for a product derived from red algae as a treatment for Ebola. The article cites a trial in mice, which showed that recombinant human mannose-binding lectin (MBL) at high doses was protective following a lethal Ebola challenge in just over 40% of the mice tested.

The product is a protein, Griffithsin (GRFT) which has some properties analogous to human MBL. It is one of a number of lectins which have been evaluated for antiviral activity over the past 5-10 years.

In humans, MBL is a component of the normal immune system which contributes to pathogen recognition. MBL binds to a number of pathogens including Ebola and HIV and activates components of the immune response. GRFT recognises similar binding sites to MBL but there is limited understanding of its downstream immunological effects.

Public Health England’s assessment is that MBL or MBL analogues are one of a large number of possible avenues of investigation for Ebola therapy. GRFT is not identical to human MBL and the properties of GRFT cannot be extrapolated from the behaviour of recombinant human MBL in mice. Considerable further investigation for efficacy in animals and human safety would be required for either GRFT or other MBL-related treatments before investigation of efficacy in human Ebola virus disease could begin.

Attached at Annex A is the response from Professor Paul Cosford at Public Health England on feedback from local resilience fora on identified weaknesses and also screening procedures for people arriving in this country by ship.

Attached at Annex B is the response from Dame Barbara Hakin, National Director: Commissioning Operations, NHS England on NHS preparedness on Ebola.

I hope the Committee finds this additional information helpful.

Kind regards

PROFESSOR DAME SALLY C DAVIES  
CHIEF MEDICAL OFFICER  
CHIEF SCIENTIFIC ADVISER
Dear Sally,

Re: Health Select Committee on Ebola – 22 October 2014

Thank you for your letter of 29 October expressing gratitude for the support of PHE at the recent Health Select Committee meeting on Ebola. In that letter you also asked for PHE to provide a response on two issues raised by members and I am happy to do so now.

On the subject of feedback from local resilience fora (LRFs) on what weaknesses they have identified following simulation exercises, I can report that DCLG is leading the programme of LRF preparedness workshops, based on the exercise designed by PHE and commissioned by NHS England/DH. To date, 29 of the 38 LRFs have exercised (73%); 35 will have exercised by 11th November (92%), and all of them will have done so by 21st November. PHE will share with DCLG the public health lessons learned from these workshops by 19th November, and we will share a summary with the Committee at the same time.

On the issue of screening procedures for people arriving by ship from affected countries, I had responded to the specific query raised by Andrew George MP on the ship sailing to Falmouth the day after the hearing and there has since been dialogue between PHE locally and Sarah Newton, the MP for Falmouth. The local PHE team are working with the Port Health Authority at Falmouth and with the ship directly to carry out the following:

1. To have contact with the ship’s master before docking and ensure the appropriate maritime declaration of health is made before entering the port;

2. To ensure that our screening questions are with the ship in advance of docking so that the crew will have responded to questions about any possible contact with Ebola before the ship docks and that this information is passed to our team;

3. That the crew are reporting daily temperature monitoring to PHE prior to arrival and that this, alongside the responses to questions, will determine if they need to be followed up closely or need further assessment whilst they are onshore.
We emphasise that, unless an individual has symptoms, and in particular diarrhoea, vomiting or bleeding, there is no risk of transmitting Ebola Virus to others. The aim of the screening is therefore to make sure that individuals do not have any such signs of Ebola infection and know how to make contact with PHE or the NHS to ensure they receive the appropriate assessment and treatment in safe facilities without delay.

Our local team have made the local NHS hospital aware of ships docking and that there may be a need for them to undertake an assessment of an individual person. Based on our experience to date of airport screening, this is only required for a very small proportion of passengers but it is nonetheless very important for hospitals to be fully prepared. Of course, if someone has strong evidence of infection we would consider at the time the most appropriate hospital for them to be assessed at, but we would expect to know that this is the case before the ships dock.

More generally, PHE Centres with ports in their areas of operation will adopt these principles in the case of any other ships en route from the affected countries and guidance is being finalised accordingly. We are working closely with the Department for Transport in identifying ships which come to England from Ebola outbreak countries and our estimate is that we will only see between 2-3 such ships dock here in any month. We will keep the situation under review.

Yours sincerely

Professor Paul Cosford
Director for Health Protection and Medical Director
E paul.cosford@phe.gov.uk
Annex B

NHS England response to the Health Select Committee, 22nd October 2014

1.0 EBOLA

Below is a summary of key elements of preparedness and assurance which NHS England is actively engaged in as part of the programme of work around Ebola

2.0 System Preparedness

2.1 NHS England has worked closely with PHE in the development of guidance across the whole health pathway including detention centres.

2.2 NHS England undertook the rapid deployment of the NHS Pathways (111/999) algorithm. This was undertaken upon the declaration of a public health emergency of international concern. NHS England, PHE and HSCIC worked together to get a paper based algorithm in place in every call taker point in call centres. This provides a system across the access point to non-urgent care by telephone in England.

2.3 NHS England commissioned the rapid development of an integrated pathway algorithm into the latest release of NHS Pathways. NHS England and HSCIC worked to rapidly deploy the algorithm into the computer based Pathways system, delaying some other planned developments to allow deployment. The integrated pathway has been embedded into the latest Pathways release which has been in place a number of months now.

2.4 Guidance has been issued to all General Practices, Pharmacies and Accident and Emergency departments to provide clear rapid advice for staff if they have a patient presenting who may have an index of suspicion around Ebola. This has been jointly developed with Public Health England and professional representatives.

2.5 NHS England has worked with PHE to develop a public facing poster. This has been produced and distributed for critical access points such as general practice, pharmacy and accident and emergency departments advising the public on the steps to take if they have a risk exposure and are symptomatic.

3.0 Assurance and Standards

3.0 To assure that the information contained in the algorithms and public poster had been received across the system NHS England commissioned a ‘mystery shopping’ assignment across a sample of 10 GP practices in every Area Team to ask whether they:

   a) were displaying the public facing poster; and
   b) that staff had access to the support algorithm.
There was a significant compliance across those practices visited and where there was noncompliance actions have been taken to address these with those practices.

3.1 The National Ambulance Resilience Unit (NARU) is ensuring that a standard training package is available for deployment around the correct use of PPE and how to ensure that safe systems of work for its use are in place.

3.2 Trust Chief Executives were written to on 22 October 2014 as a direct follow up the previous assurance letter sent to all trusts on the 7 August 2014. This new letter required active assurance against 9 key elements of preparedness. 100% of trusts have responded with and have reported significant compliance across the 9 domains. Work continues where areas of partial compliance have been identified to ensure that actions are taken to address these.

3.3 A significant amount of work has been undertaken by NHS England with The Department of Health, Business Services Authority and NHS Supply Chain to ensure that specific Personal Protective Equipment (PPE) is procured. The PPE is in accordance with that specified by the Advisory Committee on Dangerous Pathogens (ACDP), The Health and Safety Executive and Health and Safety Laboratories. This assurance process will ensure a state of readiness across key elements of the supply chain.

3.4 As part of the assurance of the system readiness NHS England was central to the provision of a national exercise programme from which key lessons were identified and actions to embed learning were undertaken.

3.5 NHS England has worked closely with PHE and DCLG to undertake table top exercises at a local level and lessons learned are being communicated across local resilience fora area by DCLG, to ensure that actions can be taken as appropriate to address any issues.

3.6 NHS England is constantly keeping this evolving area of work under review to ensure that a progressive and responsive approach is maintained.

4.0 Training

4.1 Standard training is being developed between PHE, DH, NHS England with support from HSE to ensure a high standard approach to the use of isolation facilities in Accident and Emergency departments and the use of PPE. This will provide a standard against which Trusts can apply a level of assurance. Training will be offered across the NHS by the end of November.

4.2 A standard set of products has been developed to allow the training of staff across the four surge centres which was commissioned by NHS England from the National Ambulance Resilience Unit (NARU). This includes a short film around the correct procedures the donning and doffing of PPE which is a critical element of ensuring the safety of staff.
4.3 NHS England commissioned NARU to provide structured support to the MoD in the deployment of troops. This well tested and developed programme of training is being enhanced and used with the HART staff across all English ambulance services.

Dame Barbara Hakin DBE
National Director: Commissioning Operations
NHS England