

Pandemic Influenza – call for evidence

1. Overview

Faced with the threat of an influenza pandemic, governments around the world are developing strategies to prevent and treat a pandemic. The Royal Society and Academy of Medical Sciences are launching a joint study to examine the extent to which scientific evidence is being incorporated into preparedness for a pandemic, and to identify areas where policy makers should make better use of the scientific evidence in policy development and contingency planning.

This short project will seek to provide a timely analysis of the underlying science of avian and pandemic influenza. It will examine how scientific evidence can inform policy making in both the short and long term and the extent to which policy is being based on scientific evidence. It will also set priorities for future work. The academies will be seeking evidence from a whole range of experts/sources and aim to publish their findings later in the year.

2. Background

Avian influenza, or 'bird flu', is an infection caused by influenza viruses that occur naturally in birds. Avian influenza naturally circulates in wild birds often causing few or no symptoms, however, poultry can also become infected, often fatally. Since December 2003 there have been substantial lethal outbreaks of Highly Pathogenic Avian Influenza (HPAI) affecting wild birds and poultry in various countries in central, east and south east Asia, and more recently Europe, Africa and India. These outbreaks are caused by a highly pathogenic H5N1 subtype of the influenza A virus, the same subtype that caused an outbreak of HPAI in Hong Kong in 1997.

The H5N1 strain of avian influenza is not only pathogenic to birds, but has also infected humans. Most cases of avian influenza infection in humans have resulted from direct or close contact with infected poultry. The virus currently lacks the ability to pass among people but if it acquires this ability an influenza pandemic could occur. In the last century there were three major pandemics of human influenza.

3. Scope of the project

The scientific understanding of avian and pandemic influenza should play an important role in short and long term planning and pandemic preparedness.

The working group will consider the following questions:

- What does the scientific understanding (basic research to clinical application) of avian and pandemic influenza, in the short and long term, imply for:
 - Treatment: the use of existing, and the development of new, drugs and vaccines?
 - Clinical care: diagnosis, basic understanding of the diseases; infection control; transmission?
 - Strategies and preparedness for an outbreak: modelling and surveillance?
- What lessons can be learnt from other disease outbreaks and more general public emergencies, and the associated emergency planning responses?
- How do wider ethical, social and regulatory issues, including those associated with the development of new technologies or treatments, influence current policymaking and future preparedness?
- How is the scientific evidence (academic, public or commercial) being incorporated into policy making?

Avian and pandemic influenza has generated considerable interest from both the public and private sectors, both in the UK and internationally, and we would be interested in information from all sectors engaged in these areas.

4. Call for evidence

If you or your organisation would like to submit views on the issues raised above please send a summary of no more than 4 pages to the project's Secretariat, Dr Simon Edwards or Dr Rebecca Hodges, at the contact details below. It would be preferable to receive submissions in an electronic format. Please include any additional information as an appendix. It is not necessary to include copies of relevant published papers/articles but we would appreciate references to relevant literature. Submissions are welcomed on any of the issues mentioned in the scope of the project.

Please note that the Royal Society and Academy of Medical Sciences aim to make their work as open and transparent as possible. We may therefore publish the evidence that we collect along with the final report. Please indicate if you do not wish your submission to be made public.

We would prefer to receive responses by **Wednesday 29 March 2006**, although evidence will be considered by the working group throughout initial stages of the study. We aim to complete the project by autumn 2006.

5. Working Group membership for Royal Society and Academy of Medical Sciences project on pandemic influenza

Chair

Sir John Skehel FRS FMedSci

National Institute of Medical Research

Working Group (to date)*

Professor Neil Ferguson OBE FMedSci

Infectious Disease Epidemiology, Imperial College

Professor Barry Furr OBE FMedSci

Consultant Scientist and formerly Chief Scientist Astra Zeneca

Dr John McCauley

Institute of Animal Health

Professor Andrew McMichael FRS FMedSci

Weatherall Institute of Molecular Medicine, University of Oxford

Professor Karl Nicholson

Department of Infection, Immunity and Inflammation,

University of Leicester

Professor Albert Osterhaus

Department of Virology, Erasmus Medical Centre, Rotterdam

Dr Geoffrey Schild CBE FMedSci

Formerly Director of the National Institute for Biological

Standards and Control

Mr Richard Stubbins

Pandemic planning subgroup, UK Vaccine Industry Group and

Sanofi Pasteur MSD

*Additional members to be confirmed

6. Contact details for secretariat

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Further information about the Academy of Medical Sciences including detail of other science policy work is available at 10 Carlton House Terrace, London, SW1Y 5AH, tel 020 7969 5288, email info@acmedsci.ac.uk and on the website at www.acmedsci.ac.uk