



Public Health
England

Responding to exceptional health situations:

Public health emergency preparedness and response arrangements in England and implications for responding to other emerging health threats

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Content

1. Review of Public Health England Emergency Preparedness and Response Arrangements in England
2. Applying emergency response to non-communicable disease prevention and control the example of e-cigarettes
3. Response to the system of this exceptional health situation
4. Summary



PHE Incident Response

- Concept of Operations (CONOPs)
- National Incident and Emergency Response Plan (NIERP)
- Supporting Plans and guidance:
 - PHE local and threat-specific plans and Standard Operating Procedures (SOPs), for example, PHE Centre / Specialist Service Plans, Local PHE STAC plans
 - Civil Contingencies Act 2004
 - Health and Social Care Act 2012
 - Relevant DH guidance and plans
 - Relevant NHS England guidance and plans
 - National PHE plans, for example, the PHE Outbreak Plan, the PHE pandemic Flu Plan
 - PHE National and local Business Continuity Plans



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Types of Incidents with Health Implications

Big Bang

Transport, Industry e.g. Buncefield

Terrorism

Conventional - CBRN

Rising Tide

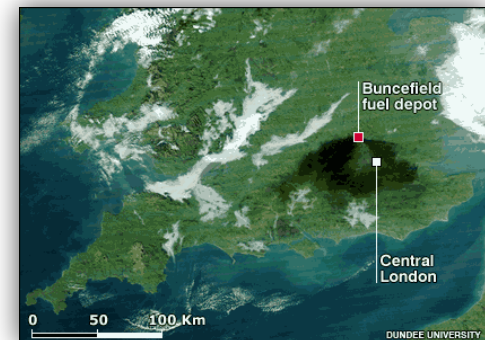
Pandemic 'Flu', E coli, H5N1

Cloud on the Horizon

Civil unrest, Chernobyl

Headline News

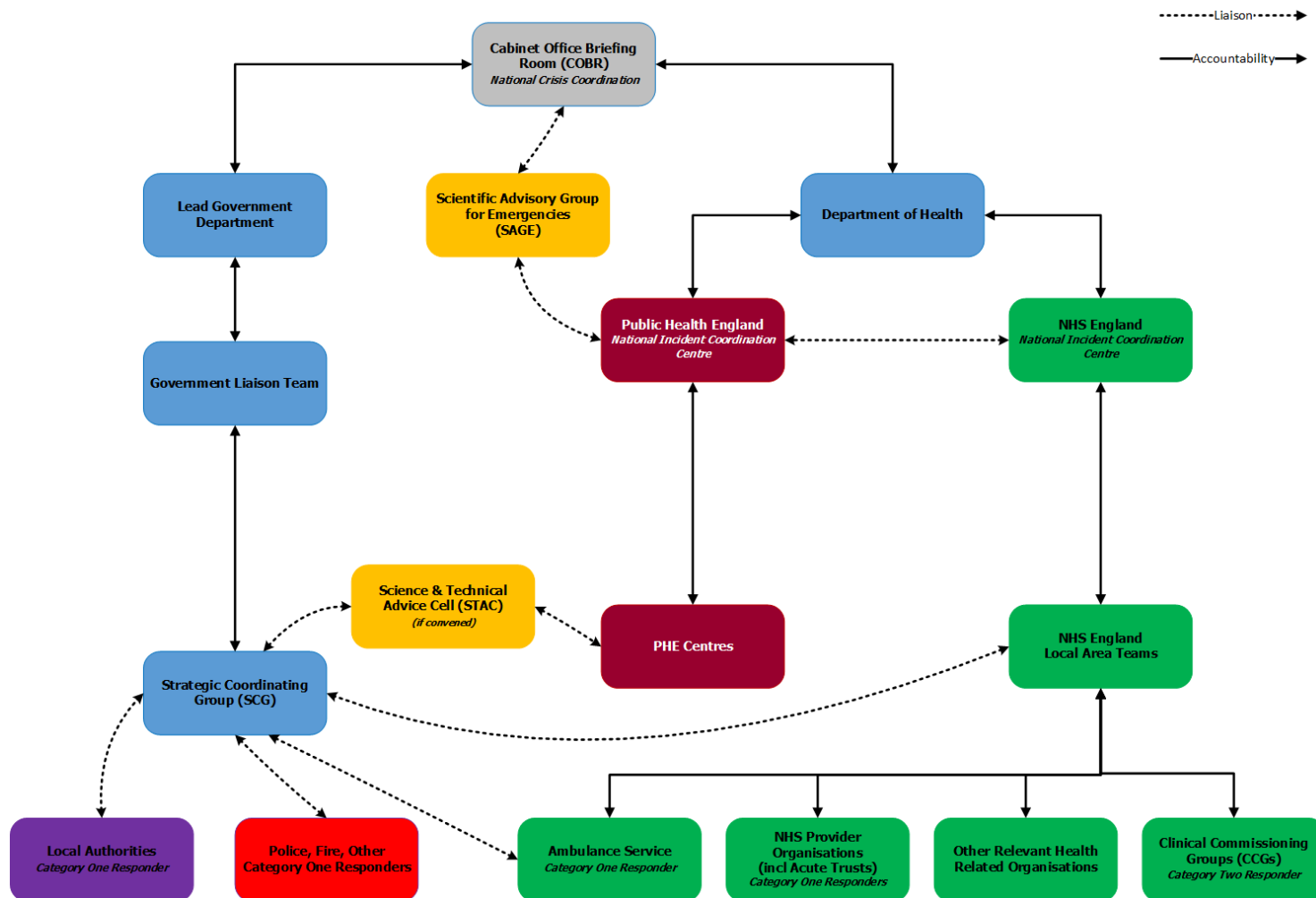
Media scares over Health e.g. Ebola



Buncefield Explosion
"largest incident of its kind in peace time Europe"



National Multi-agency Arrangements





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National Incident Coordination Centre (NICC)

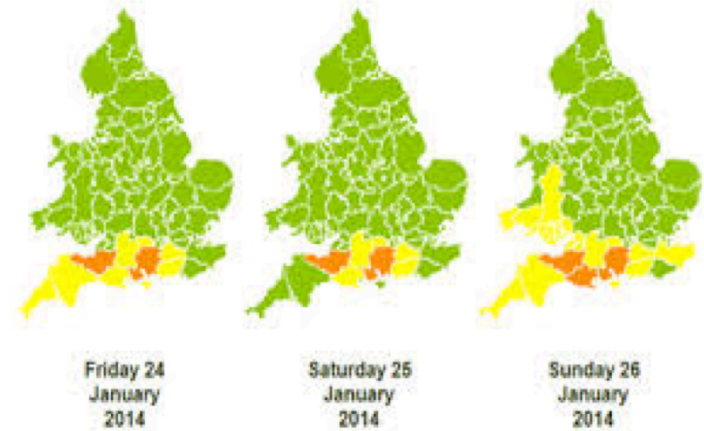
- Central point of contact for the incident
- Record keeping - correspondence, actions, requests
- Supports the incident director
- May work extended hours
- Supports Incident Management Team meetings
- Produces Sitreps and CRIPs
- Any specific cells set up to support the response report to the NICC





Flooding 2013/14

- Locally managed, nationally coordinated incident
- PHE provided scientific advice and guidance on a number of issues including decontamination and public health
- Wide range of national and local agencies involved
- Operational advice provided locally and strategic advice provided nationally





PHE involvement in the Ebola response

- Ebola is a Level 4 incident because it is a major global public health outbreak
- PHE have had to attend at COBR Officials and Ministerial meetings
- Enhanced screening to key UK ports: Heathrow, Gatwick, Birmingham and Manchester airports, plus St Pancras (Eurostar) & (selected) sea ports. – now stepped down to just Gatwick and Heathrow (risk based decision)
- 130 PHE volunteers; 40 laboratory staff visiting Sierra Leone
- Three labs set up by PHE in Kerry Town, Port Loko and Makeni
- PHE, DH and NHS-England ran a national exercise to test UK preparedness regarding imported cases of Ebola
- PHE involved in improving preparedness for future outbreaks in Sierra Leone



Public health preparedness and response

Core principles for effective working

Core principles of PH preparedness and response

- Importance of good **governance**
- Robust **information** and intelligence
- Understanding the **best channels** to influence behaviours
- Information must be based on the **best available evidence** and adapted as necessary
- Pre-establishing **communication channels** talking heads, information to the public including a feedback loop to ensure messages landing well
- Ensuring that **messages are aligned** and that the information is provided early
- Understanding **what we are trying to achieve** so we can use resources in the right way to avoid duplication
- Identification of **lessons learned** from the response and others



Are public health preparedness and response approaches relevant to Non-Communicable Diseases?

Domain	Application to NCDs
Big Bang Transport, Industry e.g. Buncefield	Relationship to mental health and wellbeing
Terrorism Conventional - CBRN	Relationship to mental health and wellbeing
Rising Tide Pandemic 'Flu', E coli, H5N1	Worrying trends on mental ill health, adoption of new technologies and health eg. internet, e-cigs
Cloud on the Horizon Civil unrest, Chernobyl	Impact of population movement, new social trends, commercial opportunities on NCDs
Headline News Media scares over Health e.g. Ebola	Media scares and conflicting advice over diet, alcohol, toxicity of e-cigarettes



Tobacco control in England

Building on strong foundations

Since 1998 comprehensive national tobacco control plans smoking is:

- Down by 1/3 among adults from 28% to 18%
- Down by 2/3 among 15 year olds from 23% to 8%

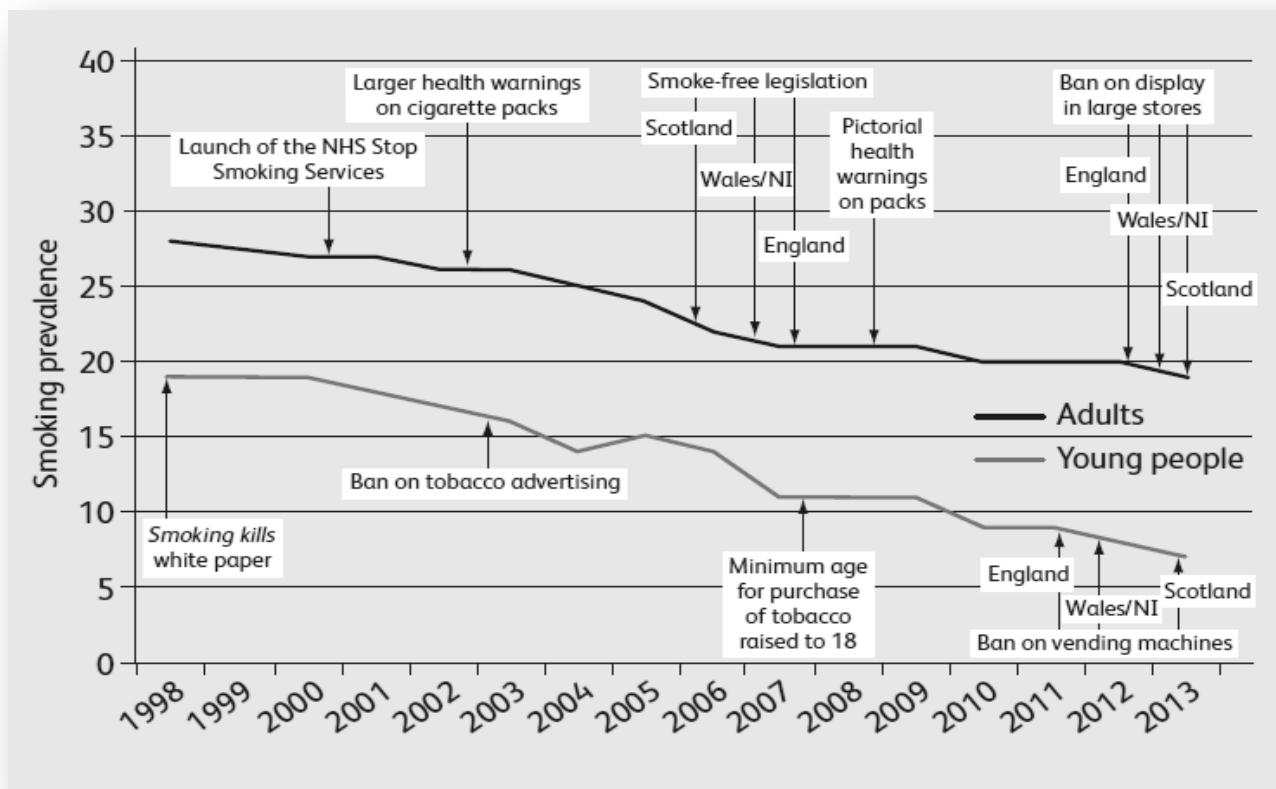
Our strategy includes

- Legislating on adverts, retail display, packs and more
- Media campaigns such as Stoptober and health harms
- Expert local stop smoking support
- Higher taxes



Tobacco control in England

Building on strong foundations



Since the publication of the White Paper “Smoking Kills” we have had almost 20 years of comprehensive tobacco plans with cross-party support.

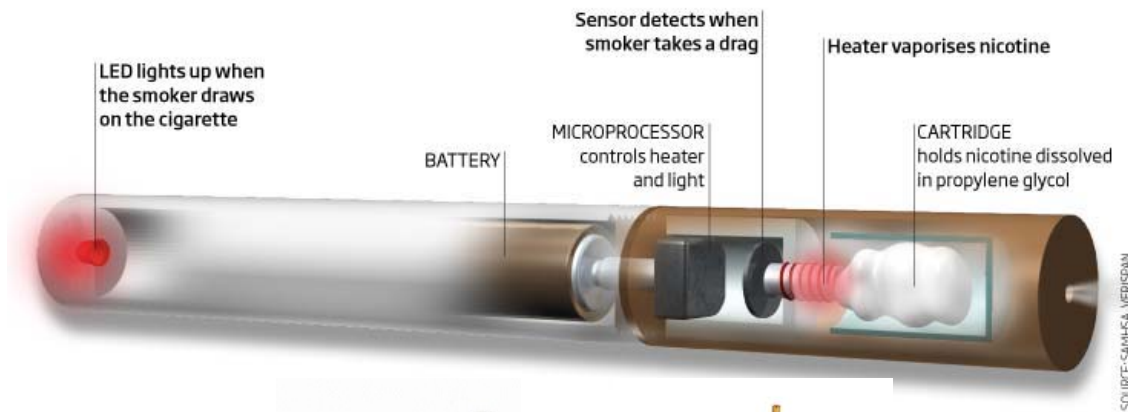
This has delivered real gains with adult smoking rates falling by 1/3 and teenage smoking falling by 2/3



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Emerging threat

What are electronic cigarettes?



E-cigarettes are frequently classified as either:

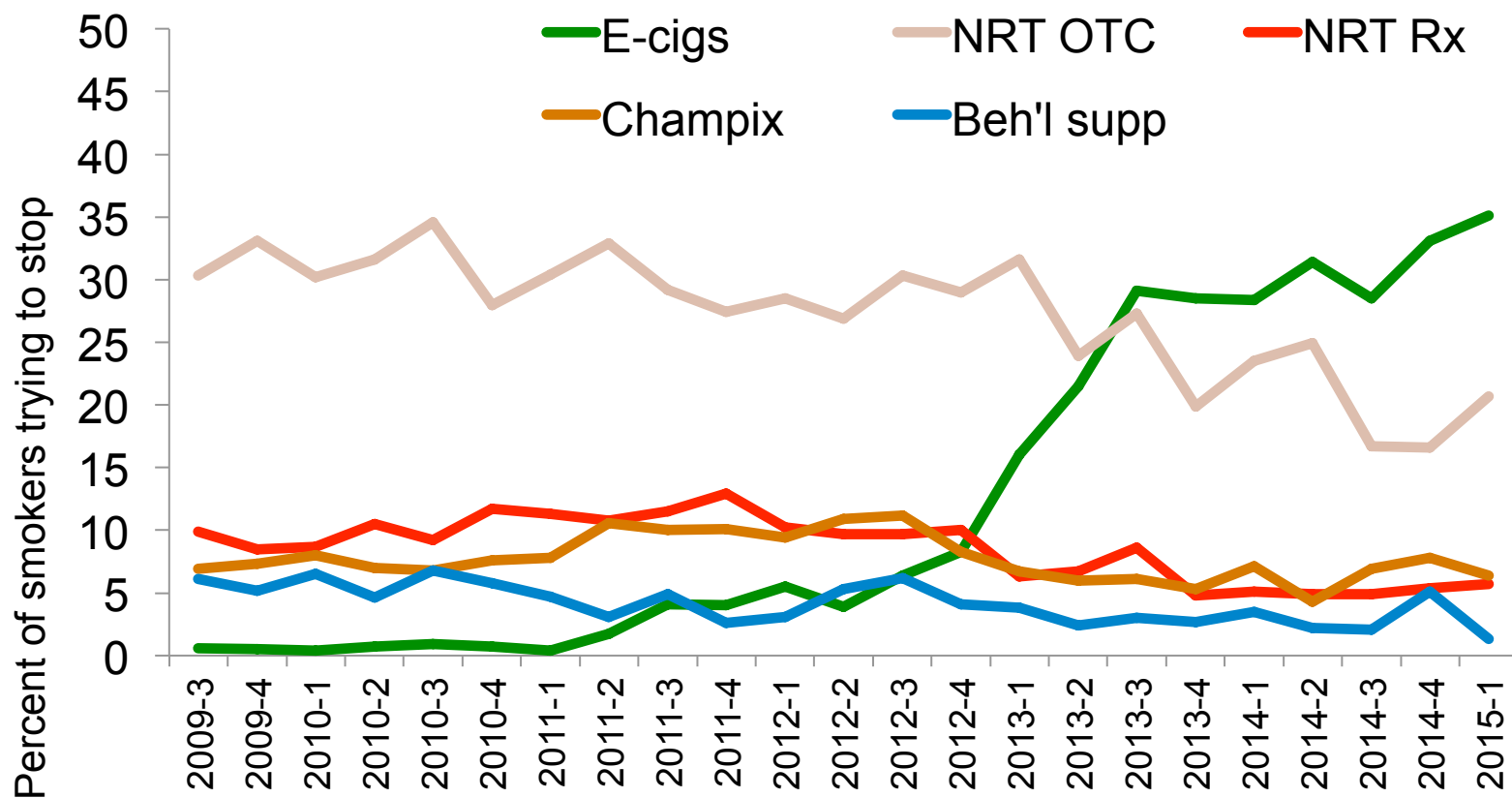
- 1st Generation (disposable “cigalike” products)
- 2nd Generation (refillable and rechargeable some but not all of which resemble conventional cigarettes)
- 3rd Generation (refillable, rechargeable and modifiable (eg variable voltage) products, which rarely resemble conventional cigarettes)



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Emerging threat

The most popular quitting aid in England

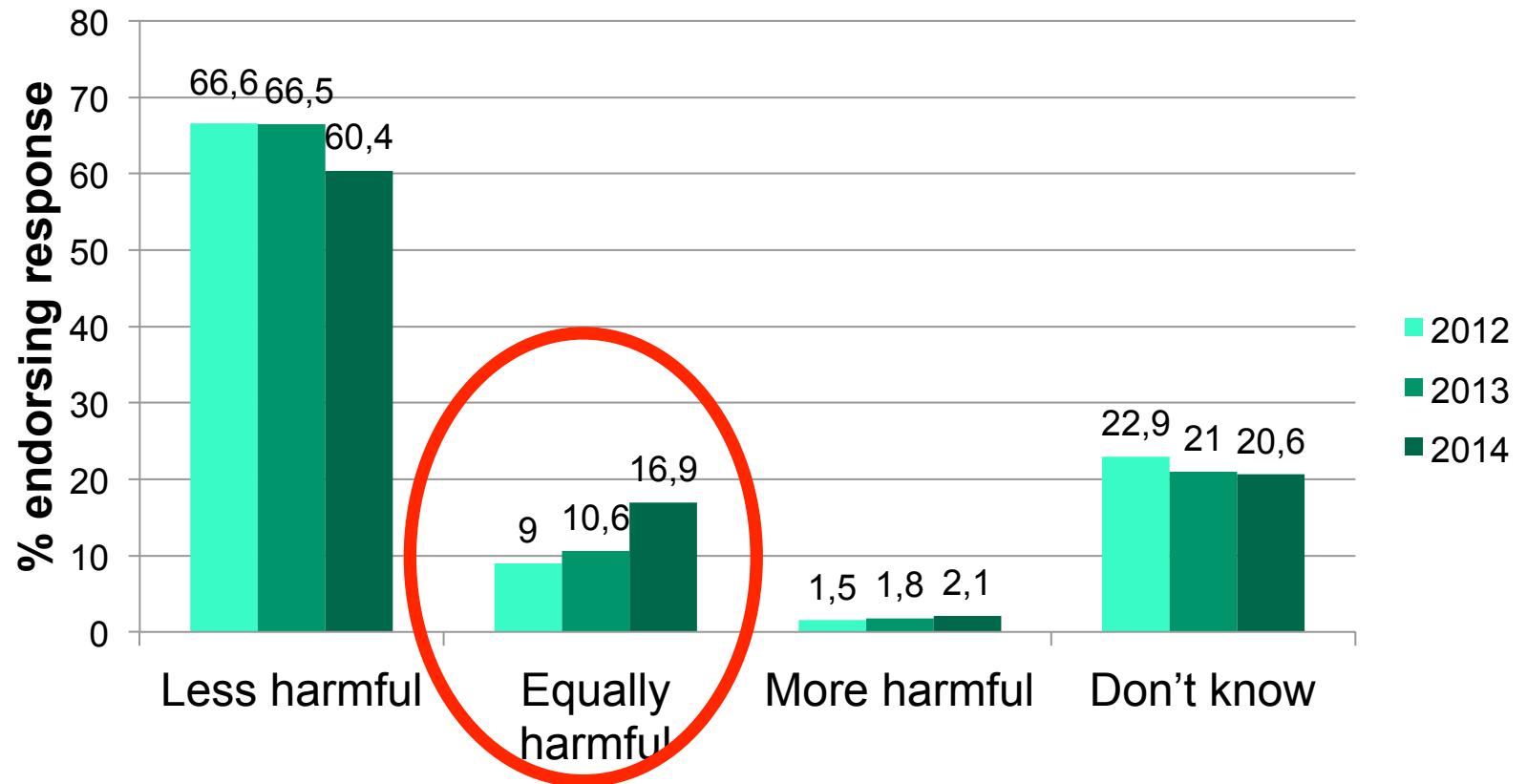


Smoking Toolkit Study, 2015



Harm perceptions

(Internet cohort survey 2012-14, Brose et al, submitted)





Emerging threat

Would e-cigarettes help or hinder tobacco control efforts?

- Are e-cigarettes safe?
- How are they being used? By whom?
- How are they being used by children? Are they a gateway to smoking?
- What is their impact on smoking?



Response to an exceptional health situation

Public Health England Actions

- Public Health England was created in April 2013
- Early requests from government and from local partners to provide guidance on the emerging technologies
- Key actions
 - Reviewing the evidence
 - Leading the national debate
 - Providing clear public messaging
 - Coordination of public health partners
 - Developing and disseminating evidence based policies



Response to an exceptional health situation

Reviewing the evidence

- PHE evidence reviews done in 2013 and 2014
- Our 2015 evidence review built upon earlier review and sought to answer unresolved questions.
- Key findings:
 1. While **not completely risk free**, e-cigarette use carries a fraction of the risk of smoking, with no evidence of harm to bystanders
 2. Now the **most popular quitting aid** in England and can be effective in helping people to stop smoking
 3. **No evidence** as yet that e-cigarettes are acting as a route into smoking for children or non-smokers
 4. Continued **vigilance and research** are needed in this area





Response to an exceptional health situation

Leading the national debate

- Widespread, prominent and largely **positive media coverage** of the report's publication in UK media;
- Sparked off a **debate in the academic community** between supporters and opponents of tobacco harm reduction.
- Supportive **reactive statements** from 12 UK public health and tobacco control organisations.
- Also covered by **media** around the world and gained significant attention in international public health.
- Report mentioned often in UK Houses of Parliament, Prime Minister supportive of PHE's position.



Response to an exceptional health situation

Providing clear public messaging

- Significantly **less harmful than smoking**, there is no circumstance where it is better to continue to smoke
- Millions of smokers have the impression that e-cigarettes are at least as harmful as tobacco, we have a duty to provide clear information on the facts as we know them
- In the UK regular e-cigarette use is almost exclusively confined to those **young people who smoke**, and youth smoking prevalence is continuing to fall
- Smoking is the number one killer in England and we have a responsibility to provide smokers with the information and the tools to help them quit smoking completely and forever.



Response to an exceptional health situation

Building consensus

2014:

- National symposium on e-cigarettes
- Two expert independent evidence reviews

2015:

- Consensus statement on e-cigarettes from all major public health organisations in England
- Stakeholder consultation on use of e-cigarettes indoors
- Set up with Cancer Research UK the UK E-cigarettes Research Forum

2016:

- Independent review by the Royal College of Physicians
- 2nd National symposium on e-cigarettes



Response to an exceptional health situation

Being clear about what we don't yet know

1. Flavourings and constituents may pose long term risks
2. E-cigarettes might make smoking seem normal again
3. E-cigarettes might act as a route into smoking for children
4. Evidence on smoking cessation is still developing
5. E-cigarettes might legitimise the tobacco industry



Responding to exceptional health situation

Next actions for PHE

- We will publish framework advice to help organisations assess when to permit or prohibit **EC use in public places**
- We will support English local **stop smoking services** in tackling the new challenges presented by e-cigarettes
- We need to **monitor trends and health impacts** and evaluate interventions with rigour and candour
- We will contribute to the **development of the evidence base** via the UK E-cigarettes Research Forum
- We will monitor the **impact of UK regulation and ‘two market approach’** under the EU TPD



Conclusions

- We have **robust and tested** arrangements for emergency preparedness and response in England
- Key principles of responding to threats may have relevance to our work in non-communicable diseases by providing a different **sense of urgency** in responding to new social, behavioural, technological or commercial threats, and having a **more coordinated response** locally and nationally
- For e-cigarettes it is too early to tell which approach will be most effective and one approach will NOT suit all nations and markets



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Thank you

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Response to an exceptional health situation

What is the emerging evidence telling us?

- **Effective for quitting:** EC appear to be at least as effective as NRT and much more popular
- **Addictiveness:** The strength and speed of delivery is important but other chemicals may need to be present to initiate addiction.
- **NRT is only moderately effective:** Lower, slower nicotine delivery combined with the lack of familiar ritual may explain why NRT is less popular than EC.
- **Dual use in decline:** 2016 data suggest that there are 2.8 million EC users in the UK, half of whom have completely stopped smoking. Of the remainder 1/3 are smokers trying to quit smoking.
- **Rarely used by non-smoking youth:** Although we see some experimentation among non smokers, regular use is confined to those who have already started to smoke