

GLA Oversight Committee, 11 December 2014
Transcript of Item 7: Ebola Virus Disease Resilience

Len Duvall AM (Chair): If I could begin, then, really I suppose in preparation terms, how likely is it that there will be more than a handful of cases of Ebola in London?

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): Thank you, Chair. It is very unlikely that there would be more than two or three cases arriving in the United Kingdom, particularly in London. I can elaborate on the reasons for that, if you like.

Len Duvall AM (Chair): What would be the reasons for that?

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): First of all, the epidemic in West Africa has been ongoing for just over a year now. The World Health Organisation (WHO) declared it as a public health emergency of international concern in August when the epidemic was clearly not coming under control. The three main affected countries in West Africa have very robust exit screening for people travelling out of those countries. People are stopped and people who are unwell are not allowed to travel out of those countries.

Public Health England has also instituted entry screening at the five major ports in England where people travelling from those countries tend to arrive. We are checking people and over 95% of people are automatically screened on entry. That does not mean that a case could not arise in England because somebody may come through an airport before they are unwell and then subsequently develop a case, but we have had all of that screening in place for a long time now and there has not been an importation into this country of a case of Ebola. The only case of Ebola that has come here was the planned repatriation of a healthcare worker which happened in August and that person was treated and recovered.

Given the scale of the numbers of people who have been unwell in West Africa and that quite a small number of people tend to travel from those countries, it is not impossible but it is quite unlikely that we would get more than a very small number of cases. That is also the view of the Chief Medical Officer and Dame Sally Davies made that clear in October this year.

Andrew Boff AM: Could you tell me what specific protocols are in place if a potential Ebola case is identified at Heathrow Airport?

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): The screening that we have in place at Heathrow and other ports of entry means that people who are arriving from the affected countries are identified by UK Border Force and they are pre-identified because of their booking arrangements. The Department for Transport is able to identify which people have come from which countries and pre-identify to UK Border Force who to expect so that they can identify them when they present their passports.

Those people who have travelled from an affected country are then identified by UK Border Force to the Public Health England screening teams that are in place at the terminals at Heathrow and the other ports. Those people go through a screening process which involves being asked a number of questions about their activities in the affected country and their potential exposure to Ebola patients. They have their temperature taken and then those people are given information, depending on their level of risk, about what they need to do for the next three weeks to self-monitor for potential symptoms. They are identified and, if they are well, they are

allowed through and they continue with normal activities but with instructions about how to get into the health system if they become unwell.

It is unlikely, but if somebody arrives off a plane actually acutely unwell with a temperature and symptoms that could be consistent with Ebola, there is a protocol in place to call an ambulance and that person will be transported to an identified hospital to be further assessed and tested for Ebola. Most people arriving with a temperature would not have Ebola. They may well have malaria or another infectious disease, but they would need to be assessed and tested. Under those circumstances, they would be transported by London Ambulance [Service] staff in appropriate personal protective equipment and they would be transported to the hospital and put straight into an isolation unit.

Andrew Boff AM: That is where I was going. That was the purpose. There is a procedure in place upon suspicion of Ebola. Obviously, you cannot diagnose it exactly, but there is a procedure in place upon the identification of somebody who they consider possibly could be suffering from Ebola. Staff will be protected.

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): Yes. The phrase we are using is 'talk, do not touch'. We can take somebody's temperature without actually touching them. If somebody then has a raised temperature and we think that the person possibly could have Ebola, our staff would then put on personal protective equipment and would alert the ambulance staff who were coming to collect the patient that they would also need to be similarly protected. We would alert the hospital so that that person would not go into the main part of the accident and emergency department (A&E). They would go into an isolation unit straight away.

Andrew Boff AM: Do you know which hospital that is at the moment? You said it is an identified hospital. That is one that we know about already. Is that right?

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): Yes.

Andrew Boff AM: How do the arrangements differ for Eurostar?

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): They do not. They do not in respect of identifying somebody with a temperature and using the personal protective equipment. It would be a different hospital that the person would be transported to, obviously, because it is on the other side of London.

The difference for Eurostar is UK Border Force will not be able to pre-identify who is travelling in terms of whether they have just come from an affected country because they would not have that information. Information is being given to people boarding Eurostar trains to say, "If you have come from an affected country, identify yourselves to UK Border Force when you disembark from the train". The procedure there is slightly different because we cannot target people coming from an affected country just because of the ticketing arrangements and the availability of that information.

Andrew Boff AM: Thank you very much.

Caroline Pidgeon MBE AM: I just wanted to pick up on whether people who are coming on the Eurostar identifying themselves and saying, "Actually, I have come from --

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): Yes.

Caroline Pidgeon MBE AM: People are being quite open about it rather than trying to hide it?

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England):

Certainly people are identifying themselves. What I could not tell you is how many people have come from an affected country and not self-identified. Obviously, that is an unknown. There are small numbers of people on most days identifying themselves and saying, "Yes, I have come from an affected country". It is really important because obviously they are well at that point but they get the information about how to safely get into the health system if they become unwell without endangering anybody else during that process.

Caroline Pidgeon MBE AM: I wanted to ask because it is quite clear that some of the people who are most at risk if we did have a patient with Ebola are going to be the frontline workers, the people working in hospitals and the immediate staff you were talking about. What training and additional equipment and resources are being made available to these sorts of workers, including staff such as hospital cleaners and reception staff?

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): Public Health England has issued guidance for primary care and acute hospital trusts on what to do and how to treat and test people they suspect may have Ebola. That guidance was issued months ago and we have gone through an assurance process with the National Health Service (NHS) to ask if this is working in every single acute trust in England. If somebody arrives at the front door, are the staff aware? Do they know what to do?

Again, it is pretty much the same principle I was talking about before about 'talk, do not touch'. All trusts have information for patients arriving to say, "Could you be suffering from Ebola? Please identify yourself". Staff will then appropriately put them into an isolation room and put on the personal protective equipment as appropriate in order to be able to assess and treat them. That is across primary and secondary care and across the London Ambulance Service.

We have also issued guidance for hospital trusts on environmental decontamination. That would be for hospital cleaners and clinical investigation research unit (CIRU) staff to use should they need to appropriately clear up any body fluids that may have been spilled. That guidance is all in place.

All of the acute trusts and hospitals have gone through that assurance process and have had to give an assurance back to Simon Stephens [Chief Executive Officer, NHS England], who is the head of the NHS, to say, "We are prepared and we have all of the necessary equipment to protect our staff".

Caroline Pidgeon MBE AM: Have we done any spot checks to make sure of that or have you just --

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): Yes, that has occurred. I have not done it, but it has been done, yes.

Caroline Pidgeon MBE AM: We have done that to make sure? It is easy for people to say, "Yes, we have done this", but actually --

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): No, the NHS went through that process itself using a 'mystery shopper' kind of approach with people turning up and saying, "I have just come from West Africa and I do not feel well and I have a temperature", to check that they were appropriately processed through the system.

Caroline Pidgeon MBE AM: Were there any issues picked up from that?

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): No.

Caroline Pidgeon MBE AM: No? Good. That is very reassuring to hear. Are there any lessons that we could learn from countries such as Nigeria, which has now been declared Ebola-free? Is there anything we could learn from there?

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): My colleagues and I have met with colleagues from Nigeria who managed the outbreak in Nigeria and we had some detailed discussions and debriefs with them about how they actually went through that process of very successfully, actually, containing their small outbreak. The main lesson to learn was that it is identifying cases quickly and then immediately identifying anybody else who may have had an exposure to that case or who may have been in contact with them so that we can then put in process a monitoring programme for those people. If they remain well, that is fine and their activities are unrestricted. However, the minute they become unwell, they are they brought into hospital and isolated and treated. That is the approach that was taken in Nigeria and that is certainly the approach we had always been planning to take.

I would just say that we have done it in London three times in the past seven years with other viral haemorrhagic fevers when we have monitored the close contacts of people who have been exposed to those cases and we have actually not had any transmissions. That gives us some reassurance that our system has been tested and can work.

Caroline Pidgeon MBE AM: That was very helpful. Thank you.

Darren Johnson AM: What are the resilience issues posed by people in London contracting Ebola?

Sir Edward Lister (Mayor's Chief of Staff and Deputy Mayor for Policy and Planning): The resilience issue is, of course, whether we have the correct plans in place, whether the arrangements are robust enough and whether the Mayor is confident that if an incident occurs the processes are all in place.

On two occasions, we have pulled together the Mayor's Advisory Group. This is the group we always convene for any incident that takes place and we have been meeting off and on quite regularly this autumn because of ambulance strikes, fire strikes, Transport for London (TfL) strikes and other things.

Ebola has also been part of that and Yvonne Doyle [Regional Director for London, Public Health England], who is the Mayor's adviser on public health, attends those meetings as appropriate. On two occasions, 9 and 21 October, we discussed Ebola in some detail. The Mayor was given reassurances of the processes and procedures, very similar to the question-and-answer session you have just had. Those reassurances were given and the Mayor was very confident that the arrangements were in place.

Darren Johnson AM: Tom, did you want to add anything?

Tom Middleton (Head of Governance and Resilience): Not at this point.

Darren Johnson AM: In the event of people in London contracting Ebola, what role does the Greater London Authority (GLA) then play?

Tom Middleton (Head of Governance and Resilience): Maybe I will take that one. As you have heard from colleagues in Public Health England, the primary responsibility and certainly the expertise lies on that side and obviously with the NHS in terms of the acute treatment.

There are three things we have identified for the Mayor in terms of his role. You will be aware that the Mayor has the general role for all resilience matters to be the voice for London. If it had escalated in October - which,

fortunately, it did not – the Mayor would have played a role in the communication side and acted as the voice for London, informed by --

Darren Johnson AM: That would be, obviously, co-ordinated with the NHS and relevant bodies?

Tom Middleton (Head of Governance and Resilience): Yes, informed by the expertise you have just heard, obviously. That was something the Mayor was essentially on standby to do on the back of the two meetings that Sir Edward [Lister] has just described to you. As it happened it was not needed, but it was certainly ready to go if it were needed.

The second role we have – which, again, will be familiar to Members – is through the Resilience Forum and the Partnership, which are essentially sharing information across all partner bodies. There is quite a list of different groups involved in that, utility companies, et cetera, the transport sector and all the different sectors. There is that information-sharing to make sure everyone is aware of what is happening and can play their role.

The third thing is that the Mayor in terms of working with the commissioners – the Transport Commissioner, the Police Commissioner and the Fire Commissioner – has to make sure that the GLA group is doing everything it possibly can in terms of messaging, in terms of transport planning and in terms of whatever it happens to be. There is a practical role that the Mayor can play in terms of making sure that the GLA group is doing whatever it can to support the lead Government agencies such as Public Health England. Those are the areas where we would look to add value.

As you will be aware, each type of incident or threat is different and so we would always look from a London angle at whether there is anything we can add. If necessary, the Mayor and Sir Edward [Lister] can contact Ministers if there are particular issues that concern us. We have had that going back awhile with the fuel dispute, for instance, and so forth. It is just case by case, really.

Sir Edward Lister (Mayor's Chief of Staff and Deputy Mayor for Policy and Planning): May I add an extra little line just to reassure you? When we convene the Mayor's Advisory Group, we have the commissioners there or their senior representatives and so it really is --

Darren Johnson AM: Transport, police and fire?

Sir Edward Lister (Mayor's Chief of Staff and Deputy Mayor for Policy and Planning): Yes, and indeed the Ambulance Service was also present. If you like, all the key players – including, obviously, health – were all in the room at the same time.

Darren Johnson AM: That is helpful. Thank you.

Tony Arbour AM (Deputy Chair): How does the Mayor check that the system is in place that we have heard described to us already? Does the Mayor, presumably through the Resilience Forum, check that there are proper resources to see that these things do not occur? In other words, are the things that have been outlined to us properly resourced? That probably is something that the GLA needs to reassure itself about. How does it?

Sir Edward Lister (Mayor's Chief of Staff and Deputy Mayor for Policy and Planning): If I may, on that front, it is one of the questions the Mayor does ask at those meetings. He did ask those questions of the health representatives in the room. They gave him that reassurance about resources, as indeed did all the other agencies that were there. It was openly said that it was likely that there could be a case in London and

that the planning should be on that basis. Again, as you have just heard, it chimes completely with what has been said.

Therefore, the Mayor did have those reassurances. He did not go beyond asking for that reassurance but, if I may, it is really a health authority function rather than a mayoral function. To be given that reassurance is all he can ask for. If he had been unhappy about that, then of course he does have the ability to contact the relevant Ministers, as Tom [Middleton] mentioned earlier, and we have done in the past when we needed to.

Tony Arbour AM (Deputy Chair): Was that really as part of being the voice for London, then --

Sir Edward Lister (Mayor's Chief of Staff and Deputy Mayor for Policy and Planning): Very much so.

Tony Arbour AM (Deputy Chair): -- rather than some kind of statutory place in the chain of command?

Sir Edward Lister (Mayor's Chief of Staff and Deputy Mayor for Policy and Planning): We have no place in the chain of command, really, but he does have both this role as the voice of London and this reassurance role. If something had happened, it would have been very important that the Mayor was out there, reassuring people that the process was in place. We were always very conscious in October that this could have happened at any moment. As it was, it did not and hopefully it is not going to, but we are all slightly touching wood on that.

Darren Johnson AM: Sorry. If the Mayor is away, the statutory Deputy Mayor, I assume, takes that role, or is it someone else?

Sir Edward Lister (Mayor's Chief of Staff and Deputy Mayor for Policy and Planning): We would obviously brief the statutory Deputy Mayor and she would have to fulfil that role or, indeed, whichever spokesman was appropriate for the occasion.

Len Duvall AM (Chair): Just talking in terms of messages, I know we have had various phases in October when the initial assessments were done and we have now moved on. There is still a potential threat and so we are not dropping our guard.

On the role of messaging throughout the different developments of our preparations and the importance of that, what is the key public health message that needs to go out? Where does the GLA fit into that? Does the GLA have a role in that or do we follow the lead of the national agency or national Government around those issues? I am just aware that about October time we saw all sorts of potentially, I thought, very responsible journalism and some very strange and bizarre stories, including some very good practice in some schools to explain to children what was going on because they saw it on their television screens and heard all sorts of things on the grapevine.

Could both of you comment on that from your respective viewpoints about reassurance, the messaging and the right information for people to make judgements on?

Dr Deborah Turbitt (Deputy Regional Director for Health Protection, Public Health England): It would be helpful if London followed the national messages. Currently, the messages would be that the current risk of Ebola in this country is extremely low. However, it is not impossible. If somebody does arrive in this country and they have Ebola, there are robust NHS arrangements in place to identify them, isolate them and treat them. Ebola is actually quite difficult to catch. You actively have to do something to be exposed to somebody's bodily fluids like blood, vomit, saliva and that sort of thing. When people are really very ill in the first couple of days of being unwell with Ebola and they have a temperature, they are not actually a danger of

transmitting to somebody else. Those messages need to be reinforced by the Mayor and the GLA if there were to be a case in London.

The main message is that the risk here is very low, the systems are in place to identify, isolate and treat any cases, and the risk of onward transmission if there is a case here is also extremely low. Our NHS staff have been trained in how to assess, treat and isolate patients who may present with Ebola.

Sir Edward Lister (Mayor's Chief of Staff and Deputy Mayor for Policy and Planning): Just to follow through, the Mayor's Press Office was also present at those briefings that took place and took away those messages. Certainly, that was the intention. If the need arose, we would just row in behind the national messaging, really, with the Mayor giving a reassurance that London is on top of this, that people should not panic or be overly concerned and that the system is in place. It was a reassurance message rather than anything else.

Len Duvall AM (Chair): Thank you for the way you have answered the questions. Are there any further questions from Members of the Committee? We hope we never have to bring into play the preparations that you have prepared for the possibility and the potential and we wish you well for the future. Thank you very much.