Mitigating disease transmission by air travel – UK initiatives

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National Director PHE Ebola Screening & Returning Workers Programme
Outline

- Context – infrastructure, UK position
- UK efforts against ebola
- Screening & Returning Workers Programme
- The practicalities – screening in action
- Outcomes & the use of data
- Learning for the future
Public Health England

- Established 1 April 2013 with transition of Public Health Staff out of NHS
- >100 predecessor organisations and 7000+ staff
- 5000 laboratory workers
- Cover all domains of public health:
  - Health protection including national & local emergency response
  - Health improvement: non-communicable disease
  - Healthcare public health – health service design & commissioning
  - Health Knowledge & Information
- 75% of staff transferred from Health Protection Agency
- Structured in Central and local teams
- Direct links with every local Director of Public Health in Local Government
Existing infrastructure for emergencies

- Civil Contingencies Act – requires routine national & local exercising
- COBR: makes national decisions on emergency response
- Cross government representation and expert advisory input
- National disease surveillance system
- National Focal Point (within PHE) & Designated Ports, Port Health Plans
UK Effort against Ebola

In affected countries:
- Focus on Sierra Leone
- Army ship – building ETCs and laboratories
- Provision of Doctors and Nurses from NHS
- Provision of laboratory staff through Public Health England
- Experts to WHO and GOARN

In the UK – Declaration of PHE Level 4 National Incident:
- Advisory – Epidemiology
- Guidance – training eg PPE
- Screening and Returning Workers Programme
Timescales

Air travel – disease risk mitigation
UK Ebola Screening Programme – Who we screen

1 Travellers from affected countries:
   - sustained community transmission
   - Sierra Leone, Guinea & Liberia
   - first entry to UK, not in transit
   - regardless of exit or intermediate screening

2 Returning workers:
   - miners, engineers, journalists

3 Returning Healthcare workers:
   - NGOs
   - UK Med Government supported
UK Ebola Screening Programme – Where we screen

On site/ Enhanced

AIR:
London Heathrow
London Gatwick
Birmingham
Manchester

RAIL:
London St Pancras

Off site/ Non-enhanced

Shipping ports
Provincial airports
Private airports
Out of hours presentations
Diplomatic personnel
Ebola: Enhanced Port screening locations

Manchester Airport
Primary support
Cumbria & Lancashire
Cheshire & Merseyside
Greater Manchester

Birmingham Airport
Primary support
East Midlands
West Midlands

St Pancras Train Station
Primary support
London
Anglia & Essex

Heathrow Airport
Primary support
London
Thames Valley
South Midlands

Gatwick Airport
Primary support
KSS
Thames Valley

Air travel – disease risk mitigation
The screening process
Contact free temperature assessment
UK Ebola Screening Programme – the tools

Air travel – disease risk mitigation
Returning Workers Scheme

- **Targeted risk groups**
  Healthcare workers, Journalists, photographers, Miners, Engineers

- **Complex registration system**
  Needs support of NGOs, businesses, MoD and workers themselves

- **Risk categorisation**
  Low (1) – High (3)

- **Community Monitoring**
  Direct relationship with PHE Local Health Protection Teams, twice daily temperature monitoring for 21 days

- **Risk management**
  Work, residential and travel guidance: Aim for easy self extraction should illness develop quickly
Use of data: screening & returning workers

IN

UK Border Force

NGOs

Airlines

Ships

Other Govt Departments

Ministry of Defence

Business: mining, media

National Statistics

HR – staffing cell

Port Screening Teams

‘Essex’ Database

Local Health Protection Teams

OUT

24/7

NICC

Screening Cell
Daily statistical reporting

Ebola Screening SitRep – Tuesday 28th April 2015

Screening Activity

As at 23:59 hrs on Monday 27th April, a total of 6832 passengers (5651 at London Heathrow, 587 at London Gatwick, 180 at St Pancras, 167 at Birmingham and 247 at Manchester) had been assessed. A summary of assessments and outcomes is below:

<table>
<thead>
<tr>
<th></th>
<th>Total screened</th>
<th>Referral means</th>
<th>Outcome</th>
<th>Referred to NHS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Referred from Border Force</td>
<td>Self-referred</td>
<td>Other</td>
</tr>
<tr>
<td>Heathrow</td>
<td>5651</td>
<td>5330</td>
<td>127</td>
<td>194</td>
</tr>
<tr>
<td>Gatwick</td>
<td>587</td>
<td>576</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>St Pancras</td>
<td>180</td>
<td>166</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Birmingham</td>
<td>167</td>
<td>160</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Manchester</td>
<td>247</td>
<td>230</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>6832</td>
<td>6462</td>
<td>166</td>
<td>204</td>
</tr>
</tbody>
</table>

Further detail is at the Appendix. This record has been reconciled between PHE and Border Force colleagues at all ports where enhanced screening arrangements are in place, and at a national level. This document is the consolidated report from PHE and Border Force.
Planning for higher risk returnees

Air travel – disease risk mitigation
The UK’s First Confirmed Case

https://www.youtube.com/watch?v=ntoQpTGHd8c
CPR for International Disease Risk Mitigation

Context

Principles

Rationale
Comparison for learning

- Context varies by country, time and epidemiology
- Politics and media are important
- Legislative basis defines part of what is possible
- Inter-organisational connections may determine effectiveness of interventions as much as science
Gateway to risk management pathway
Effective ‘screening’ - temperature
Key learning points:

- Airports are one port of entry – benefits of wider consideration and engagement
- Value of existing site specific Port Health emergency response plans
- Port infrastructure – future ability to step up/down
- Customer service – importance in risk management
- Don’t make assumptions: - definitions:
  100% follow up; screening at provincial airports
Key opportunities:

- Always start with the risk in dynamic context
- One size won’t fit all
- Principles can be agreed
- Rationale will help communications and variation
- Always define an end point at the start
Thank you

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