UKHSA-Border Health functions and future

Nov 2022

Dr B Sibal MBBS MSc MD FFPH FRSPH PgCME PgWCC

**Consultant Communicable Disease Control
UKHSA Border Health**

UKHSA

- UKHSA was launched on **1 October 2021** as the UK's permanent standing capacity to prepare for, prevent and respond to health security hazards.

- As an **executive agency of the Department of Health and Social Care (DHSC) with operational autonomy,**

- UKHSA brings together the expertise of **Public Health England (PHE**) and capabilities that were developed to respond to coronavirus (COVID-19). This includes **NHS Test and Trace** and the **Joint Biosecurity Centre (JBC).**

- NEW/EXCITING TIMES/OPPORTUNITIES….

- POST- SARS-CoV2 PANDEMIC PUBLIC HEALTH

Image courtesy – google images and for content, thanks to UKHSA wider Border health team

Our management

Dr Jenny Harries OBE

Chief Executive

Ian Peters

UKHSA Chair

Dr Susan Hopkins

Chief Medical Advisor

Professor Steven Riley

Director General Data & Analytics

Scott McPherson

Strategy, Policy & Programmes

Professor Isabel Oliver

Chief Scientific Advisor Transition Lead

Lee Bailey

Director of Communications

Jac Gardner

Chief People Officer Transition Lead

Adam Wheelwright

Director of Technology Transition Lead

Andrew Sanderson

Director General of Finance

Paul Cain

Interim Director General for Health Protection Operations

UKHSA - Border Health Team

- Small team based at Heathrow Health Control Unit, T-3 arrivals
- Robert Sookoo – Head of Port health
- Dr Bharat Sibal CCDC and Dr Nicol Black CCDC for x2 days/week plus
- Other Port health staff.
- Provide 24/7, 365 days service to HPTs and all stakeholders for COVID and non-COVID related issues
- Physical presence of the team only at LHR and rest is provided over phone
- Part of UKHSA HPOps specialised functions

Image courtesy – google images and for content, thanks to UKHSA wider Border health team

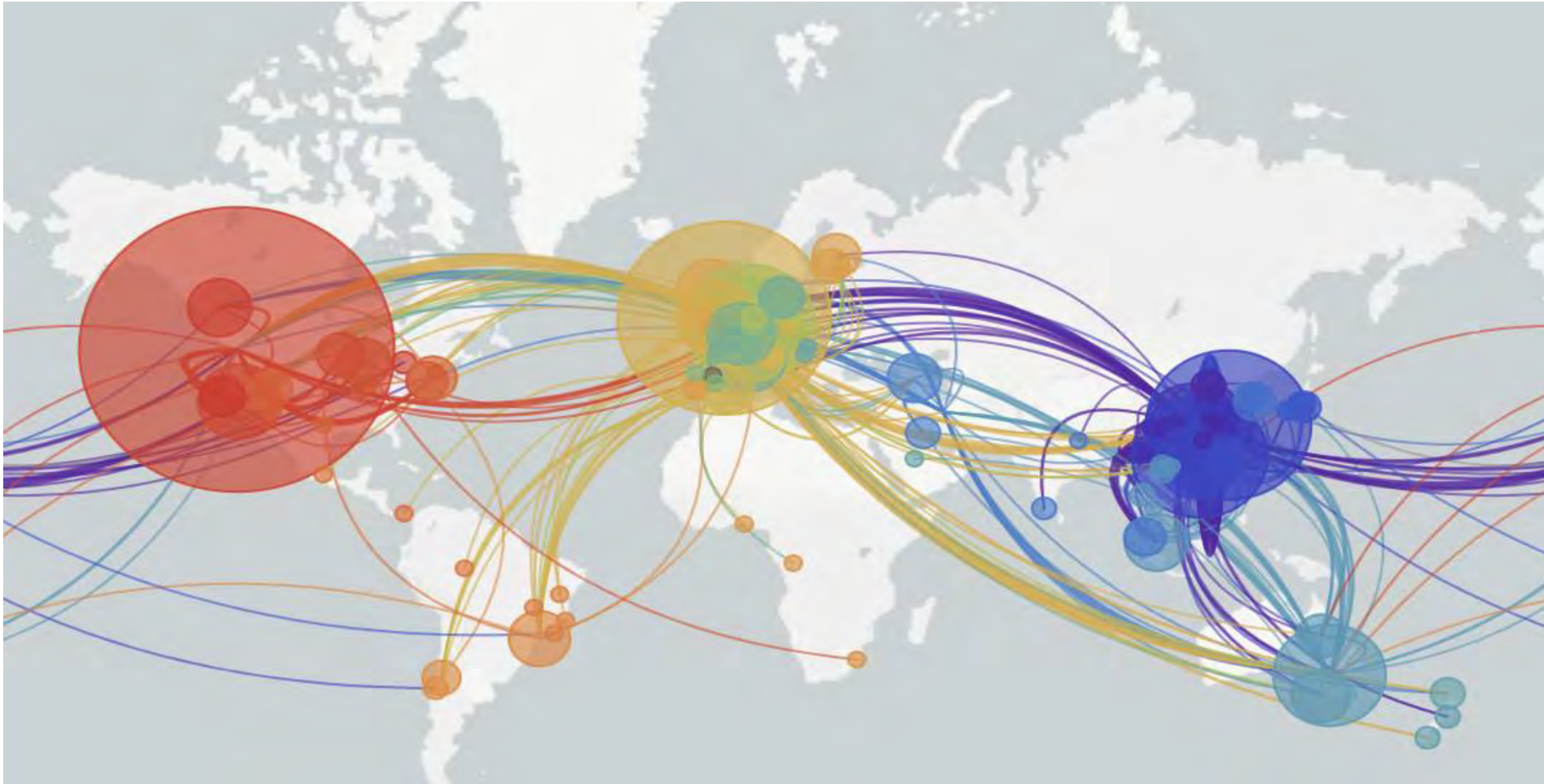# Mutant strains –BIG WORRY VOCs and VUIs and others

Image courtesy – google images and for content, thanks to UKHSA wider Border health team

Key Stakeholders:

- **Department of Transport (DfT) /MCA**
- **Department of Health - DHSC**
- **Home Office / Border Force**
- **FCDO**
- **Airports – large and small**
- **Airlines – UK and non-UK based**

- Seaports – large and small

- Shipping companies and maritime

- Land and border crossings

- Devolved Administrations

- WHO/ECDC

- M5HRG

Key actions undertaken during COVID-19

1. Provide on-site medical assessment at LHR/telephone triage for symptomatic passengers/crew entering our borders

2. Support BF colleagues and port health staff for all port health issues – medical assessment; PLFs; interpretation of national/international guidance based on legislation - **Aircraft and Ships regulations 1979 (amendments thereafter)** and Health Protection regs and now PMOs acting as Public health officers under Coronavirus regs/Schedule 21

3. **Industry resilience meetings weekly/fortnightly** – all airports and seaports and their associations – since Feb 2020 which led to development of FAQs for air and sea industry

4. HCU is central point of contact for all port issues -provide support to HPTs 24/7; 365 days via heathrow.hcu@phe.gov.uk. Estimated replied to **4000+ queries – local/regional/ national/international stakeholders - via email and phone calls since beginning of pandemic**

5. Advise and support DHSC/DfT/FCO and cross govt groups like DfTs Expert Steering Group with operational experience for Border policy development

7. **IHR** reporting and co-ordination of IHR returns across UK devolved administrations

8. Ensure UK meets international standards set by **ICAO/IATA/WHO/ECDC /SHIPSAN project**

9. Maritime outbreaks, infectious diseases on ships, Infectious disease guidance and SOPs, ship sanitation certificates etc

COVID 19 outbreaks on ships, Norovirus, GI illnesses – Salmonella, Typhoid etc, Legionnaires, TB, Vector borne diseases, Monkey pox and rares ones – Ebola, CCHF, Lassa

1 COVID-19 death on ships

2 COVID-19 outbreaks on ships

3 Ferry COVID outbreaks

4 Port workers COVID – issues with resilience

5 International oil tankers and cable laying ships with COVID issues

6 Cruise Liners – cases, vaccination, testing etc

rder health team

COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures

J Rocklöv, PhD,[1] H Sjödin, PhD,[1] and A Wilder-Smith, MD[2,3,4]

▸ Author information ▸ Article notes ▸ Copyright and License information   Disclaimer

Abstract

Go to: ▸

Background

Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing. On 3 February, 2020, an outbreak of COVID-19 on cruise ship Diamond Princess was reported with 10 initial cases, following an index case on board around 21-25th January. By 4th February, public health measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20th February, 619 of 3700 passengers and crew (17%) were tested positive.
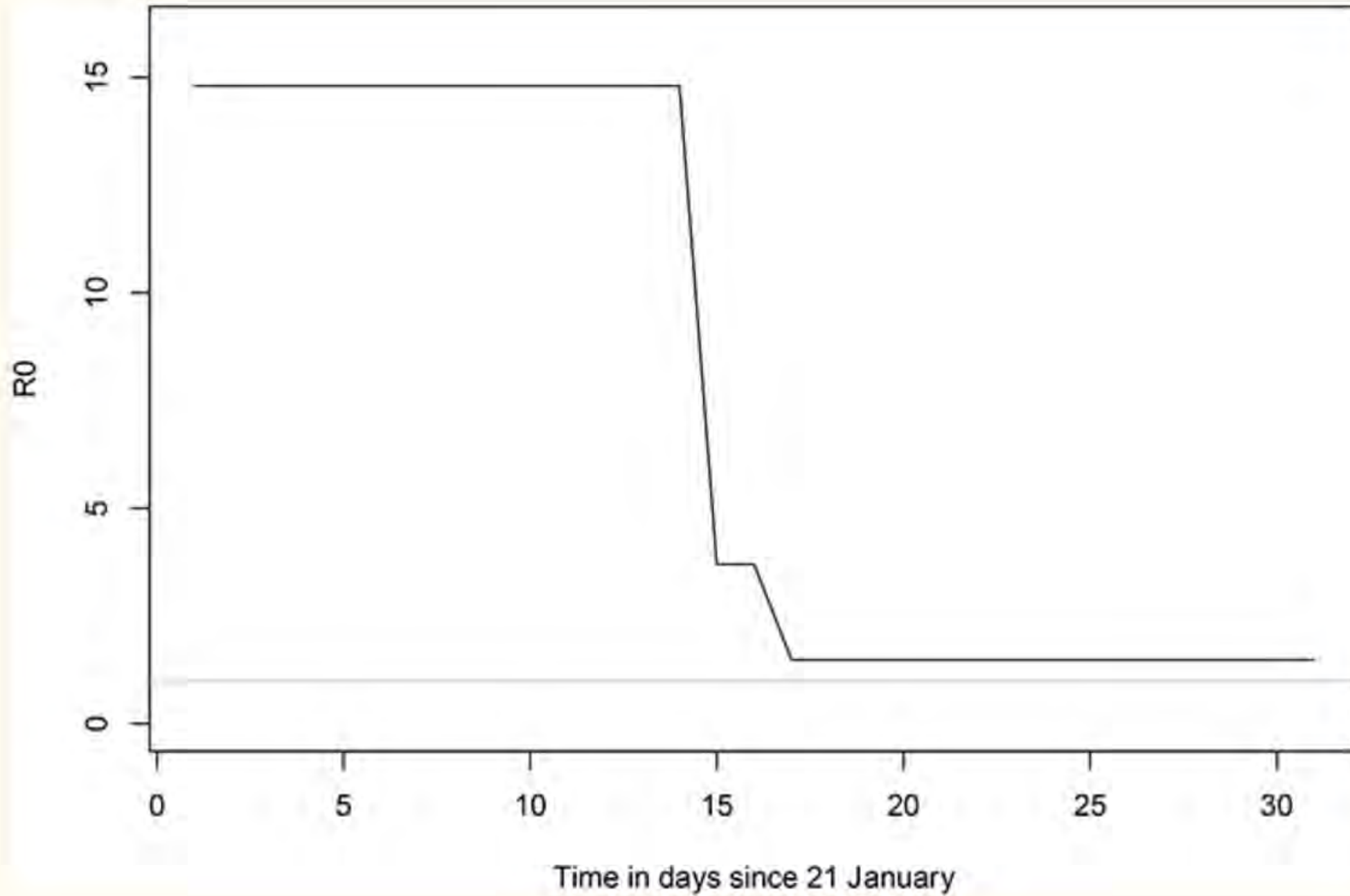
Resource package (maritime incidents) for HPTs
V12 17 May 2021

The national guidance for Covid-19 has frequently proved problematical to apply in maritime situations. The guidance for shipping and seaports COVID-19 on gov.uk website is administered by PHAGE and is available at: https://www.gov.uk/government/publications/covid-19-shipping-and-sea-ports-guidance/guidance-for-shipping-and-sea-ports-on-coronavirus-covid-19

The first line of response for maritime incidents is the HPT, backed up by the national Port Health Team. HPTs should have generic plans discussed and agreed at LRFs with multiple stakeholders to deal with maritime situations. **The nature of maritime incidents is such that every situation is different, each of them must be considered on its own merits.** Over the course of the last year, in response to queries and problems from across the whole maritime sector, there has grown up a body of principles and policy interpretation to provide some assistance to HPTs (and others). This has been an organic process, not least because Government policy has been evolving and ever-changing.

Initial guidance was produced by the Port Health Team in February 2020, with joint fortnightly question & answer sessions regularly with DfT and maritime industry from March 2020. Some of the early advice has been superseded and is now out-of-date. This resource package re-states the original principles, has an example of a locally produced checklist and edits of the (now discontinued) DfT FAQs. The package will be distributed to all the HPTs and can be accessed from the Health Control Unit at Heathrow Heathrow.hcu@phe.gov.uk.

Original advice (March 2020) for ships which have suspected Covid-19 cases on board was;

1. It is generally not possible to self-isolate on ships without the risk of continuing transmission on board, due to the confined accommodation available.
2. As such, our advice is to get people off ships if Covid-19 is suspected.
3. The same guidance applies as on shore; seriously ill to hospital, mildly ill and contacts to self-isolate ashore.
4. For ill crew, queries for sourcing accommodation ashore should be made in the first instance to the Border Force officer at the port or failing that see question 9.
5. For contacts, ask the shore agents for the ship operator to arrange shore-side accommodation for

Pilots and others in close contact are advised to wear face coverings as per current government guidance. Otherwise, there is no change in PPE advice. Ships arriving in UK waters have no right to insist on pilots wearing additional PPE.

Q3 What is a sensible level of PPE for marine Pilots boarding a vessel with a suspected case of COVID-19 on board?
Suspected cases should be isolated in their cabins. Pilots should adopt straightforward precautions such as the use of heavy gloves. Pilots and others in close contact are advised to wear face coverings as per current government guidance. Additional PPE, such as overshoes, is not required and may cause other safety issues (e.g. ascending / descending ladders). The most effective safeguard against inadvertent transmission of virus, such as through changing boots, using handrails etc. is thorough handwashing or the use of sanitising hand gel (minimum 60% alcohol content) and minimising hand to face contact. All efforts should be made to maintain 2m distancing, but it is accepted that might not be possible, e.g. on ship's bridge. In such circumstances common sense should be used e.g. keep symptomatic people or close contacts off the bridge. There is no evidence to confirm that heating, ventilation or air conditioning systems are conduits of COVID-19. As Q4, Ships arriving in UK waters have no right to insist on pilots wearing additional PPE

Q4 Does a ship with suspected or confirmed Covid 19 cases on board need to be quarantined?
A No. The ship should be allowed to dock as usual. This will allow easy access for affected individuals on board to be removed on shore if required and public health staff to board if required. If the ship is unable to leave the port, it can then be moved to a different anchorage if the berth is required for another ship.

Q5 Should a ship with suspected or confirmed Covid 19 cases on board be treated as a household?
A Not necessarily. Individuals who are confined to their cabins should follow the same guidance as those confined at home. This does not mean that everyone on board automatically has to self-isolate for 10 days. As the living conditions on different ships vary widely, **each case should be considered individually.** In England, the local HPT will advise (similar but separate arrangements apply elsewhere in the UK).

Q6 What should happen to suspected or confirmed cases of Covid 19 on board?
A In port, the same guidance applies as for domestic cases. Seriously ill cases should be transferred to hospital (as an urgency). Access to ambulance transfer can be arranged via 111 (similar but separate arrangements apply elsewhere in the UK). Symptomatic individuals who are not seriously ill should ideally be transferred for care ashore, if this is available and as per local IMTs decision based on risk assessment

UKHSA responsibilities and geographical coverage – IHR NFP

- The IHR NFP is responsible for:
  - **Communicating with WHO on events** that may have international public health significance.
  - **Disseminating information from WHO** regarding international events with potential significance to the UK.
  - Communicating with NFPs in other Member States regarding international contact tracing.

- Geographical coverage includes all UK territory:

  - **Devolved administrations**: Scotland, Wales, Northern Ireland
  - **Crown dependencies**: Isle of Man, Jersey, Guernsey
  - **Overseas territories**: Anguilla, British Antarctic Territory, British Indian Ocean Territory, British Virgin Islands, Cayman Islands, Falkland Islands, Gibraltar, Montserrat, Pitcairn Islands, St Helena and Dependencies, South Georgia and South Sandwich Islands, Turks and Caicos Islands.
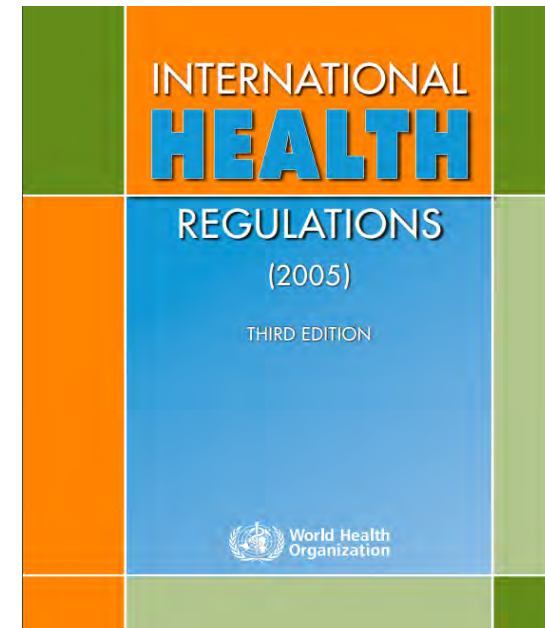
Anguilla

Ascension

Bermuda

British Virgin Islands

Cayman Islands

Falkland Islands

Gibraltar

Montserrat

St Helena

Tristan da Cunha

Turks and Caicos Islands

Image courtesy – google images and for content, thanks to UKHSA wider Border health team

UKHSA Border Health: Vision and Purpose

Vision

"A globally leading, digitally enabled and joined up border that works to identify, protect from, and respond to, 'all hazard' public health threats* - both infectious and non-infectious – that could pass through the UK border"

Purpose

"To protect human health across the UK by identifying and managing 'all hazard' public health threats moving across the UK border, utilising cutting edge data analytics, leading clinical practices, efficient operations, and effective public health policy – enabling safety and prosperity in the UK"

*The UK Health Security Agency (UKHSA) is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats.

The Border Health operational ecosystem

UKHSA will work within a network of organisations assessing and responding to threats to human health. It will bring its core expertise in disease identification, treatment and isolation and work with ODGs to execute their health responsibilities.

Intl Govt Orgs
- International policy and regulations eg IHR
- International incident and engagement coordination

CAA, MCA

APHA, LGA

Border Force / HMRC
- Monitor threat from people, goods crossing the border

DfT
- Set travel policy
- Engage with carriers
- Engage with operators

FCDO
- Support engagement with international partners

Local Authorities
- Local interventions (with LRFs), Port Health Authorities lead on port-specific measures and issues

Primary stakeholders and delivery partners

DEFRA
- Monitor threat from animals and foodstuffs crossing the border

UKHSA
- Global surveillance of human disease risks
- Policy and public health advice
- Testing, sequencing and analytics
- Operational response – including via Port Health and Regional Protection teams

DLUHC
- Enable delivery of interventions in local communities

Border industry

Ports, int'l travel and conveyance operators

OSCT
- Monitor health threats brought by terrorists crossing the border

Police
- Support with delivery and enforcement of interventions

NHS, ICS

DHSC
- Report suspected health threats downstream
- Enable delivery of intervention
- Manage supply disruptions

Home Office
- Enable interventions at the Border and in civil emergencies

Cabinet Office
- Cross HMG horizon scanning group for biological threats via CCS

MOD
- Support response to biosecurity threats downstream

- Day to day operations
- Incident response
- Compliance with intl, national and local regs and guidance

Image courtesy – google images and for content, thanks to UKHSA wider Border health team

RACI approach to Border Health
Full analysis of high level functions by organisation/team: **R**esponsible – **A**ccountable – **C**onsulted - **I**nformed

Function	Central	Regional	HPOps (excl nationa/ regional)	UKHSA (exc HPOps)	OGD	DA
First Line Response at airports (England)	A	C	I	R	I	I
First Line Response at Maritime ports (England)	I	A	C	R	I	I
First Line Response at Rail Termini (England)	I	A	I	R	I	I
Management of infectious diseases through ports of entry via other vectors such as freight, pets, etc.	C	C	C	R	A	I
Pre-Entry TB Screening 'As-Is' and improvement/expansion	A/R	I	I	R	I	I
Immigration port medical inspection (England)	A	I	I	R	I	I
Returning workers' scheme (UK wide)	A	I	I	R	I	C
Liaison with specialist partners	A	I	I	C	R	I
Support to Health Protection Teams	R	A	I	I	I	I
Framework planning for response to extraordinary interventions and menu of options	A/R	R	C	R	I	I
Framework for high level implementation plans	A/R	R	C	R	C	I
Framework planning for BAU response - guidance and standards	A/R	R	C	R	I	I
Framework planning for BAU response - legal framework	A	I	C	R	R	I
Framework planning for BAU response -public facing guidance	A/R	R	C	R	I	I
Advice to OGDs in relation to ports	A/R	I	C	R	I	I
Co-ordination across the organisation in relation to ports	A	C	C	R	I	I
Liaison and co-ordination with the devolved administrations	A	I	I	C	C	I
Training for HPT staff and other stakeholders	A/R	R	C	R	I	I
Supporting multiagency exercising of plans	R	A	C	R	C	C
Delivering requirements and completing IHR documentation	A	C	C	R	R	R
Local planning and preparedness – all hazards	C	A/R	R	C	I	I
Multi-agency exercising	C	A/R	R	C	C	I
First line response to HP all hazards incidents at seaports and airports (second line), both onboard vessels/aircrafts and within terminal buildings and airside	C/I	A/R	R	C	I	I
Stakeholder engagement and front-line query handling	I	A/R	R	C	I	I
Sharing of knowledge across the Regions/with National Team	R	A/R	C	C	I	I
Contact tracing on conveyances						

RACI broadly agreed across central and regional teams, but subject to further scrutiny and engagement beyond HPOps

Image courtesy – google images and for content, thanks to U

Future Border Health Operations Programme Projects

Border Health Operating Model
- Operational resourcing and capabilities
- Roles and responsibilities
- Border health operating model

Intervention capability
- TB screening
- Maintaining and comprehensive all hazard response capability
- Specialist infrastructure

Enabling activities
- Borders 2025
- HPPR and other borders legislation
- Other government departments
- Devolved Administrations
- International organisations

# Example of Border Health Operations Model - DRAFT

Matrixed Central and Regional Operations

Functions delivered centrally

- First line response at ports
- Pre-entry TB screening
- Immigration port medical Inspection (England)
- Returning workers scheme (UK wide)
- Liaison with Specialist Partners
- Support to HPT's
- Framework planning for extraordinary response
- Framework planning for BAU response
- Advice to OGD's in relation to ports
- Co-ordination across UKHSA in relation to Ports
- Liaison and co-ordination with DA's
- Training for HPT staff and other stakeholders
- Supporting multi-agency exercising of plans
- Delivering requirements and completing IHR docs

Regional Level

- Local planning and preparedness (all hazards)
- Multi-agency exercising
- Response to HP incidents at seaports/airports
- Stakeholder engagement/front-line query handling
- Governance via Pan-Regional Directorate
- Support to Central Team (as above)
- Sharing knowledge across Regions/Central Team

Image courtesy – google images and for content, thanks to UKHSA wider Border health team
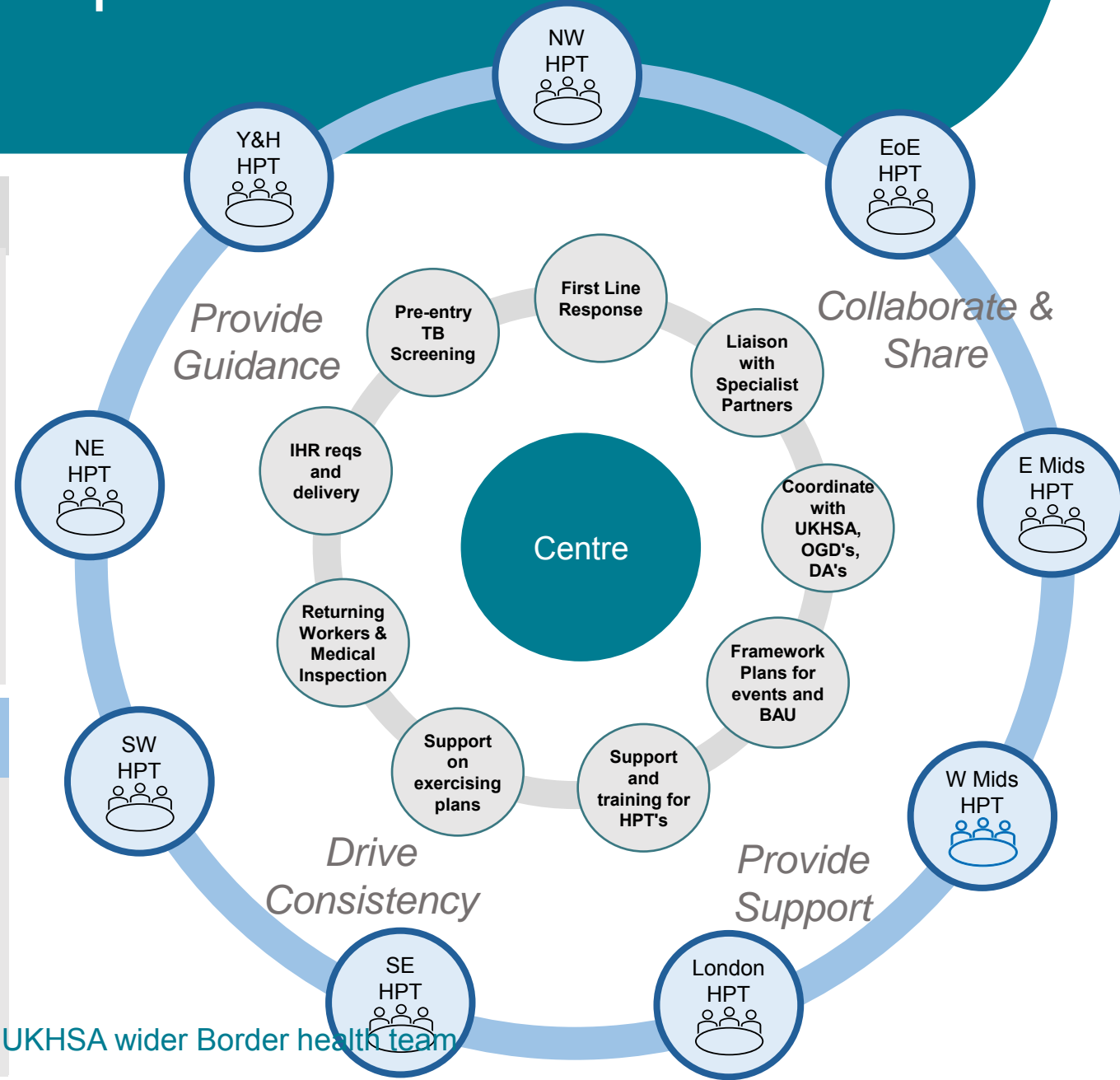
X-Gov programmes in progress, relating to Borders/Ports

- UKHSA - Border Health Transformation Programme

     - Update on Legislation

     - Role of Port Medical Officers

- Borders Health Bill – led by CO

- Health Protection Powers review – led by DHSC

- Biological Security Strategy – refresh led by CO

- UK Border Strategy – 2025 – published

HM Government

2025 UK Border Strategy

December 2020   CP352

Image courtesy – google images and for content, thanks to UKHSA wider Border health tea...

- Any questions?