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Lords Committees consider matters at length, witnesses receive questions in advance and evidence sessions focus on gaining high quality information. Reports are widely respected, as Lords members often have relevant expertise, and so it was with the sub-committee of the Lords on “Fighting Infection”; five are medically qualified Peers; a veterinarian, one with nursing qualifications, a Patron of the Chronic Diseases Research Foundation, a former member of a Hospital NHS Trust, as well as Peers with experience of research and University administration. Three are Fellows of the Academy of Medical Sciences and two are Fellows of the Royal Society, a powerful array of knowledge. Two technical advisers were appointed to cover scientific and hospital issues.

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The call for evidence specifically excluded the more social or political issues of MMR vaccination and sexually transmitted infections, though with regard to vaccination, the more of the human herd who are vaccinated, the greater the security against infection. The call for evidence produced an avalanche of responses which form a valuable part of the enquiry; they are available as hard copy, on the web, and included in a CD ROM which accompanies the sub-committee’s Report. They provide an important source of information to those interested in infectious disease control and prevention in the UK.

The technical advisers and Committee Clerks, who are remarkable individuals, sift the evidence and are able to address a very wide range of topics and summarise a mass of information with both clarity and superb scholarship.

Scheduling oral evidence brings together individuals and organisations with related written submissions. For example, those dealing with vaccine research and development are placed together. Usually two groups of individuals, each of two to four people, are questioned at each session lasting approximately two hours. The sessions are open to the public and often televised. A transcript of evidence is taken and published as part of the overall enquiry. Public attendance varies with much depending on the individuals or groups invited to give evidence. The public are not allowed to intervene and ushers keep an eye on anyone liable to cause disruption.

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Opinion

Fighting Infection

The Lord Soulsby of Swaffham Prior

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The Chairman also allocates these questions to an appropriate member of the Committee of Enquiry, reflecting their interest and competence, before the witnesses enter. The witnesses are advised that additional questions may be asked, as supplements to their replies, and these usually form the major part of the evidence sessions. Witnesses may also listen to the evidence presented by others during the session. The acoustics are poor in some of the rooms of the Committee Corridor of the House of Lords and it is occasionally necessary for witnesses to be asked to speak up for the benefit of Committee members and transcript recorders.

An important witness, from the Department of Health in our case, was a Minister who was well briefed and responded well to questions; civil servants from the department are seen separately and they too were well briefed.

It is usual for a Committee of Enquiry to visit institutions with an interest in the enquiry topic. We visited Birmingham, where over a three-day period, input was received from a wide range of health professionals representing regional interests rather than those with a London focus. These included hospital-based inspections, environmental health issues, water quality and meat hygiene to mention a few. We had been alerted previously to a decline in the numbers of environmental health inspectors, these being front-line health personnel, though there may be unwillingness to communicate infectious disease matters to this important specialist group. We also heard evidence on safety of bottled water which may accumulate substantial amounts of microorganisms if stored in a non-refrigeated place. Tap water is probably safer than the carbonated spring water so frequently offered in restaurants.

A visit to the World Health Organisation, Geneva is a “must” for information on the global situation for infectious disease. We were not disappointed and Dr Bruntland the Director-General attended our meetings with the Head of Infectious Diseases, demonstrating power of strong leadership at WHO. In critical health situations WHO depends on the ability of member countries to supply experts to assist in investigation and control. One of our recommendations is that the UK should ensure the ability to respond effectively to requests for assistance from bodies such as WHO. We also visited the WHO centre dealing with the health of immigrants that can pose a major problem to Western countries, such as tuberculosis, especially multi-drug resistant TB, that is an increasing problem, frequently accompanied by HIV infection. Thus three infections, HIV, TB and malaria, constitute important threats to immigrant communities in the UK.

Visits to the Centers for Disease Control in Atlanta, the Institute of Medicine and the National Institutes of Health in Washington DC were particularly important. We were updated with the concerns of health control officers in the USA by Dr Julie Gerberding, Director of CDC, where TB is high on their agenda. Hospital facilities with isolation procedures for TB are much in advance of ours. We were particularly impressed by the Harlem Hospital in New York, where many destitute patients of immigrant origin undergo prolonged and unpleasant treatments for drug resistant TB with enthusiasm and actively recruit others to the programme.

West Nile Virus, transmitted by mosquitoes, is now widespread in the USA with ill health and mortality in horses and humans, which was first noted by veterinarians when increases in crow mortality led to detailed investigation. The virus was also detected in migratory birds in the British Isles but no human cases have been reported – yet! It is well established in horses in the Camargue in France, indicating the importance of collaboration between human and animal health authorities.

In the House of Lords, the Report was taking shape and chapters were being circulated for comment, when the SARS (Severe Acute Respiratory Syndrome) emergency as if on cue became an international problem, in which the Health Protection Agency played a critical role in providing personnel. We have much to learn from this epidemic, especially the origin and spread of SARS, and the needs for surveillance and reporting of infections that arise in China, for example.

Preparation for pandemics requires judgement, especially for vaccine research, and the provision of adequate doses of vaccine. Supplementary vaccines are required from Europe to immunise those susceptible to the influenza pandemic in the USA. The UK vaccine capability is not strong and supplies may be required from overseas in the event of a pandemic.

The Report was agreed by the full sub-committee, approved for publication by the Science and Technology Committee, with inclusion of a topical illustration of hand washing reflecting the title “Fighting Infection”. It was sent to the Government and simultaneously launched at a well attended Press Conference in a Committee Room in the House of Lords. Radio and television interviews followed the questioning by science and medical reporters of the major broadsheets and the specialist medical journals and newspapers. Television interviews arranged for the following day were abruptly cancelled as news emerged about the death of a man who had apparently taken his own life – Dr David Kelly.

The Government’s response to the Report was relatively quick and supportive. Several new bodies will be set up to deal with existing and emerging infections and an Inspector of Microbiology created to oversee diagnostic facilities. The Health Protection Agency was particularly supportive and a Bill to establish this Agency will come before the House of Lords in 2004. A debate in the Lords, led by the Chairman of the Sub-Committee, which took place on a Monday evening (summarised on pages 38-39), was the final stage of the Report and attracted good support, with the proviso that the Committee may return to a number of issues contained therein at a later date.