E1 Cherstyn Hurley

Speaker1: Hi, I'm Cherstyn Hurley. I'm the immunization publications manager for UK Health Security Agency and I work in the Immunization and Countermeasures Division. Back in 2015, I work for Public Health England and I'd watched a documentary on the 1918 flu epidemic and I'd been quite concerned by this, but I'd noted with some satisfaction that there were many things that the health professionals could do, even though they didn't have vaccines and they didn't have antibiotics, they were still able to help some people survive. They still wore PPE, they wore masks. They encourage the public to wear masks. And although 50 million people did die, many people did actually survive. And I went to work the following day and I spoke to Seamus Dani, a doctor that I work with, a consultant at Public Health England. And I'd said to him, You know, what are the chances of an epidemic? And he said, "It's not a question of if, it's a question of when". And I thought, God, that's quite negative. Not surely, not in my lifetime. Surely that won't happen. So on January the 12th, 2020, when our head of department came and asked me for a map of Wuhan, I was a bit confused and said, Wuhan, where's Wuhan? And he said, "It's in China". And I said, Yep, we can show you that. We can get a map of Wuhan. And I didn't realize that that was the moment when it became the when.

Speaker1: And as the epidemic and pandemic unfolded across the world, we became aware very quickly of the need to protect our health professionals and to protect the public. We began to do advice and guidance for laboratory staff for all the different parts of the health family that are required to survey a new disease to identify methods of treatments and to ultimately develop vaccines in relation to this new novel pathogen. And at every stage of the development of those resources, we have a very small team, a team of perhaps under five people actually, who worked together, headed by Dr. Ramsay, writing the Green book, iterating each piece of information according to the data, the surveillance, the pharmacovigilance and producing and rolling out a vaccine program that would deliver the vaccine to the most vulnerable people. First, there were the older adults and the health professionals to guide them in how to prevent and protect themselves from infection, administer vaccines, care for people, to give them clear information about aftercare. And this was a very unique experience because previously when we'd rolled out vaccination programs, we roll out one version of the guidance, but in the event of an outbreak, you roll out guidance that is iterative. So at

every stage information is coming in, and safety signals are coming in from the yellow card system. Scientific data is becoming available and becoming published.

Speaker1: And we were changing the advice and the consent materials and the health professionals' guidance according to those changes pace. So unusually, instead of there just being one version of the guidance, there were iterative versions. And it's worth noting that the Green Book now is on version 24. For many health professionals and the public, the change in guidance has been hugely challenging. But for me it's evidence of the strength of the systems that we work with. Science should be iterative. It should be asking the same questions and comparing the data and giving the public and giving health professionals the very best advice. So as signals came in about people's concerns and misinformation, flooded social media. I was comparing the stories to the stories back then for the 1918 epidemic, and yet lots hadn't changed. People still have very grave concerns about new treatments. They have worries about what's in vaccines. They have worries about how well they're tolerated. And it was important to us to address the concerns that were serious, to address the need for information and make that as accessible as possible, and to change the guidelines when we needed to so that at each stage the health professional had the most up-to-date information that we have. And sometimes that meant working through the night and through the weekend and into the night to make sure that at the point of delivery, those health professionals talking to patients were able to give them clear guidelines, clear assurance, and accurate information about the safety of the vaccines and the safety of the aftercare.

Speaker1: And that was critical. For some people, the changing guidance is so challenging that they fear that this is evidence of science not working. Quite the reverse is true. It's working beautifully. And a good example of that is the advice for pregnant women at the beginning of the autumn, we'd advise that only the most at-risk women who are pregnant as health professionals should take the vaccine. But that's because we weren't clear about its broader use. As soon as it became clear that pregnant women were not only more at risk, it became important to make sure the guidance was changed so that all pregnant women are assured to get the COVID vaccine to protect themselves and their babies and their pregnancies. This is evidence of science at its best, and what we need from health professionals and from the public is to stay with us on this journey. And as the story changes and the evidence changes that we then move on to the next part of the story and allow that evolution to happen because things

change and they change for the better and guidance improves. Vaccines improve and the story has improved and we now see a return to a more useful stage of life where we see people moving around and traveling and returning to a new type of normal.

Speaker1: So for me, what the takeaways are is that we don't know what's around the corner. And yes, the guidance is going to go out of date and it goes out of date very quickly and it's our challenge to update that and keep it up to date and make sure that we're bringing the healthy family and the health professionals along with us on that journey. Iteration is a great thing because it means you and I, at the point of service, are getting the very best service we can, the very best protection that is available, and we're getting the very clearest information and it's developing our health literacy, our vaccine literacy. So iteration, maybe not be a word that those people in 1918 would have known, but I think if they were able to look at us now, they would realize how far we've come. Personal protective equipment, guidance, health, professional guidance. All of these things have gone through seismic changes and we now know the value of these things so much. And it's more important to know that the health literacy and vaccine literacy of the general public has also improved. So iteration is our friend, and I look forward to iterating more information in the future. Take care. Bye bye.