

## Pandemic plague contingency plan

### 8 January

MRCGP Examination Preparation Course  
Langstone Campus, University of  
Portsmouth  
Contact: Carol White  
E-mail: [cwhite@rcgp.org.uk](mailto:cwhite@rcgp.org.uk)  
Tel: 01264 355013

### 10 January

Child Health Promotion  
The Woodlands Conference Centre,  
Chorley, Lancashire  
Contact: Liz Brown  
E-mail: [lbrown@rcgp.org.uk](mailto:lbrown@rcgp.org.uk)  
Tel: 01925 662484/662351

### 20 January

MRCGP Exam Preparation —  
Video Module  
Daresbury Park Hotel, Daresbury,  
Warrington  
Contact: Anna Reid  
E-mail: [mersey@rcgp.org.uk](mailto:mersey@rcgp.org.uk)  
Tel: 0151 708 0865

### 20 January

Fellowship Dinner  
De Courcey's Restaurant, Cardiff  
Contact: Shelley Leeson  
E-mail: [sewales@rcgp.org.uk](mailto:sewales@rcgp.org.uk)  
Tel: 029 2050 4547

### 21 January

MRCGP Exam Preparation —  
Written & MCQ papers  
Daresbury Park Hotel, Daresbury,  
Warrington  
Contact: Anna Reid  
E-mail: [mersey@rcgp.org.uk](mailto:mersey@rcgp.org.uk)  
Tel: 0151 708 0865

### 25 January

Winter Meeting  
Beale's Hotel, Hatfield  
Contact: Hilary Sellers  
E-mail: [bedsandherts@rcgp.org.uk](mailto:bedsandherts@rcgp.org.uk)  
Tel: 01582 404088

### 30 January

Panel Discussion & Open Forum Debate  
RCGP, Princes Gate, London  
Contact: Martin Thompson  
E-mail: [mthompson@rcgp.org.uk](mailto:mthompson@rcgp.org.uk)  
Tel: 020 7173 6098

As a GP at one of the primary care sites (PCS) designated as a key strategic location, I have been privileged to receive a draft copy of the primary care trust's (PCT's) 'pandemic plague contingency plan' (PPCP) which is shortly to be rolled out to all stakeholders in the local health and social care economy. In the spirit of openness and transparency promoted by the PCT, I am sharing the key elements of the PPCP with readers.

According to world experts, pandemic plague is inevitable. There were major episodes in 1348 and 1665: another is overdue and could happen at any time. There were minor outbreaks in the UK in 1957–1958 and 1968–1969. The tragedy of these episodes was that nobody seems to have noticed the opportunities they offered for experts to appear on television promoting public fears, for politicians to find some means of relating to popular anxieties, and for health authorities to set up committees and produce reports and plans.

We are not living in a post-plague society, or even in a pre-plague society. No, we are living in 'inter-pandemic' times: what we have foolishly regarded as a time free from the fear of plague is merely a transient phase between episodes of rampant disease. Using sophisticated mathematical modelling techniques, public health experts have estimated that the local death rate from pandemic plague could vary between 0 and 200 000 (it could reach 250 000 if the 'ghosts' on GP lists also succumb).

The PCT has established a Multi-Agency Plague Pandemic Planning Group (MAPPPG), which will become the Local Command and Control Committee (LCCC), to be known as Turquoise Command. This will link with the top-level Department of Health (DH), Health Protection Agency (HPA), and Strategic Health Authority (SHA) committee, Lavender Command. The MAPPPG will collaborate closely with local strategic partnerships and with the Local Resilience Forums (Indigo Command). These committees will 'assess local risks and ensure, support and monitor the development of coordinated multi-agency planning to deliver integrated health responses'. Whatever this means, it is essential that every member of staff should be on some committee (those who are colour blind will be obliged to take early retirement).

Although 'there is little evidence on effective interventions' against pandemic plague, this must not deter our efforts to implement 'ineffective' interventions. The managing directors of firms manufacturing anti-plague drugs have made contributions to Labour Party funds that are up to, and beyond, the level required to guarantee seats in the House of Lords. Although trials have shown that these medications are, for practical purposes, useless, it is only fair that the PCT should repay the manufacturers' generosity by stockpiling vast quantities of them at a secret location. Another party benefactor has offered to make an anti-plague vaccine available approximately 8 months after the onset of the pandemic: this will enable survivors to enter the next 'inter-pandemic' phase in a spirit of optimism.

The PCT has embarked on a series of initiatives to raise awareness of the imminent danger of pandemic plague. It will distribute packs of politically correct pandemic plague personal protective equipment (PCPPPPE) to designated centres. This will allow all staff to dress up in specially designed overalls (these have been ready made to incorporate ribbons of both Aids and breast cancer awareness and will allow staff to display faith-specific headgear and accessories; special 'burkha-vision' goggles are available on request).

Once staff have become used to their PCPPPPE, they can lead patients in the digging of mass graves at the strategic primary care centres. This will not only raise awareness of the imminence of the pandemic, but also provide crucial practical and psychological preparation for the inevitability of mass fatalities. It is important that people do not simply turn up at public mortuaries, still less at hospitals or local surgeries. A more robust response would be simply to go straight to their local strategic mass grave and lie down in readiness for burial. If they do turn up at surgeries, GPs will empower patients by offering them a choice of mass grave, including one private sector option, according to availability. The PCT has designated strategic pharmacies which will provide every citizen with a small bag of lime, which they should carry with them at all times, both as a reminder of imminent mortality and to facilitate the sanitary disposal of their corporeal remains.