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BRIEFING

England's new covid-19 monitoring outfit: the Joint Biosecurity Centre

What will it do, who is in charge, and what are critics saying? **Richard Vize** explains

Richard Vize *journalist*

What is it?

The Joint Biosecurity Centre brings together data analysis and epidemiological expertise to ensure covid-19 outbreaks are detected and brought under control quickly.

What will it do?

It will provide independent, real time national and local analysis of infections, and will advise the government on how to respond to infection spikes, such as by closing workplaces.¹ It will also look for clusters associated with particular parts of the economy, such as pubs.

It will build on the UK's public health infrastructure and surveillance network—including the NHS Test and Trace programme, Public Health England, the devolved public health agencies, and researchers—to understand the covid-19 threat at any given time. It is primarily for England; its relationship with the devolved administrations has not been agreed.

It is modelled on the Joint Terrorism Analysis Centre, established in 2003, which advises the government on the appropriate terrorism threat level.² A key role of the Joint Biosecurity Centre will be advising the chief medical officers across the UK on the appropriate covid-19 alert level.³

Who is in charge?

Clare Gardiner, director of national resilience and strategy at the National Cyber Security Centre (part of GCHQ), has been seconded as director general to set it up. She has a background in medical statistics and epidemiology.

The centre comes under the NHS Test and Trace service. Gardiner reports to the service's executive chair, Dido Harding, who is responsible to the Department of Health and Social Care for England.

Does it actually exist yet?

The government has given confused signals on the centre's state of readiness, with the health secretary, Matt Hancock, admitting on 1 June that it "still formally needs to come into existence."⁴ The aim is for it to be fully operational by "later this summer." Despite this, the lowering of the alert level on 19 June from level 4 to 3 was badged as a Joint Biosecurity Centre recommendation.⁵

It does not yet have a permanent base, and its organisational structure and governance have still to be finalised, but there will be teams around the country. Around 200 people are currently involved,

including Public Health England staff and secondments and volunteers.

How does it relate to SAGE?

The Scientific Advisory Group for Emergencies would be expected to finish its work on the current emergency once the acute phase of the pandemic has passed, so the centre will play a much bigger role than SAGE once it becomes fully operational.

How will it work with councils' public health teams?

Providing information to local councils' public health teams will be central to its work. This will include supporting their development of outbreak management plans and escalating serious outbreaks to regional and national structures.

Gardiner told MPs that the centre will pull together and analyse more than 10 information sources that councils currently grapple with.⁶ Examples could include levels of hospital bed occupancy, including critical care beds; the number of local people who have tested positive and registered with the track and trace service, and the number of their contacts who have been identified; and mortality data.

A key test of the centre's success will be whether it provides local public health directors with precise, real-time details on who is infected in their area. The government's failure to do this so far is severely impeding councils' ability to respond to local outbreaks.⁷

What are people saying about it?

Local public health directors simply want real time, accurate, and detailed information on disease activity in their area. Some see using the counterterrorism model for a contagious disease as an over-engineered distraction. Questions have been raised as to whether setting up an organisation from scratch in the middle of a pandemic and inserting it into an already complex structure will help or hinder getting the right information to the front line quickly.

There are also worries that, instead of integrating and simplifying data, the centre will duplicate Public Health England's contagious disease surveillance and the collaboration between its regional health protection teams and local public health directors.

Will it have a role beyond covid-19?

A longer term role will be considered. This will be strongly influenced by the fallout from the post-pandemic reviews. Comment in media outlets such as the Telegraph and elsewhere indicates that

Public Health England will be lined up by the government for a lot of the blame, perhaps partly on the grounds that it lost its focus on infectious diseases in favour of lifestyle illnesses.^{8,9} If Public Health England does not survive, it is possible to envisage the Joint Biosecurity Centre ending up as a permanent fixture with some of PHE's communicable disease functions.

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