

Public Information Update from Department of Health

Swine Flu – Thursday 7 May 4pm

A Department of Health spokesperson said:

"Two new cases of swine flu have been confirmed in England today. One new case is an adult from the East of England region who recently returned from the United States. The second is a school-aged child from the London region.

"Both patients have already received antivirals and are recovering at home. Close contacts of these cases are also receiving antivirals as a precautionary measure.

"There are now 34 confirmed cases in the UK – 30 in England and four in Scotland.

"It is right that we are preparing for the possibility of a global pandemic. The UK's arrangements are continuing to ensure that we are well-placed to deal with this new infection."

Further information

If you have flu like symptoms and are concerned, stay at home, if you can go online check your symptoms on the symptom checker on www.nhs.uk or call the swine flu information line on 0800 1 513 513. If you have taken these steps and are still concerned call your GP or NHS Direct.

KEY ISSUES

CURRENT SITUATION

- There are now 34 confirmed cases in the UK – 30 in England and four in Scotland.
- The arrangements in place across the UK are continuing to ensure that we are well-placed to deal with this new infection.
- At present, there are 1518 confirmed cases across the world. Twenty-nine deaths from swine flu have been confirmed in Mexico, and two in the US.
- There is not yet evidence of sustained person to person transmission – that is to say, different people in the community who have no obvious link to each other catching this disease.
- Ten people who are not known to have travelled to Mexico have caught the virus in the UK from other infected people who are close contacts. We

can reasonably expect the number of such cases to increase considerably over the coming weeks.

- Of the UK cases, 12 are children. Following expert assessment, four schools closed on the advice of local health protection officers in order to contain any potential outbreak.
- A fifth school and a linked nursery decided to close on their own volition after two pupils at the school were confirmed to have the disease, though they had not been at school when symptomatic.

Is it a mild infection and therefore no cause for concern?

- We must not be complacent. It is too soon to assume it will be a mild infection. We don't know the profile of the virus and we are closely monitoring each case that comes up.
- Everyone who has contracted the virus in this country has been diagnosed early and treated with antivirals, which reduce the severity of symptoms.
- The flu virus changes character very rapidly. They essentially evolve with the 'fast forward' button switched on. That means the flu virus is unstable. It can pick up and swap genetic material, which can dramatically change its character – increasing the severity of symptoms. The virus could change in the autumn so we need to plan for all eventualities.

STEPS THE GOVERNMENT IS TAKING TO CONTAIN THE VIRUS

- We know a great deal more about these issues than the governments who had to deal with the pandemics of the last century.
- However, we still don't know enough about the nature of this specific virus. At present, leading scientific experts in this country and across the world are urgently studying who this virus is most likely to affect, whether it will mutate and the possibility of its re-emergence in the autumn as a more dangerous strain.
- While it seems that those who have developed the disease outside Mexico have generally only experienced mild symptoms, there has been a second death in America of a woman who had chronic underlying health conditions.
- The Health Protection Agency and the Scientific Advisory Group on Emergencies, which is jointly chaired by the government's Chief Scientist Professor John Beddington and Professor Sir Gordon Duff (Chair of the Scientific Pandemic Influenza Committee), are clear that it is still too early for confident predictions about the possible severity of this flu in the UK.

- The current containment phase means that all those who contract the virus have been given antivirals to aid recovery, and close contacts - whether they have symptoms or not - are given antivirals prophylactically to reduce their chance of developing the disease and spreading it further.
- This strategy has been adopted because there is good scientific evidence that in the early stages it will stop some outbreaks and delay for as long as possible the establishment of an epidemic.
- However, through this approach, we can only hope to delay a more widespread outbreak, we cannot stop it altogether.

SCHOOLS

- Pupil welfare is paramount. If schools and other childcare settings close at the right time, the spread of infection could be significantly reduced.
- The decision to close a school should be made in conjunction with the local health protection experts.
- For schools that are closed, arrangements will be put in place by Ofqual and exam awarding bodies to ensure that all pupils are treated fairly. These procedures are already in place.
- We recognise the enormous disruption that school closure can cause pupils, parents and staff. Parents should be reassured that the Department of Children, Schools and Families have well-established plans, including procedures to handle any disruption to exams.

PUBLIC INFORMATION CAMPAIGN

- As the World Health Organisation has made clear, one of the critical elements of any country's response to this situation is how the public are kept informed of developments; the steps they can take to protect themselves; and what they should do if they or a family member falls ill.
- A mass public health campaign has begun with print, television and radio advertising.
- Leaflets are being delivered to every home with information about the outbreak and the preventative measures people can take. Recorded information is available on the Swine Flu Information Line (0800 1 513 513).

TAMIFLU

Access to Tamiflu

- At this stage, antiviral medication, Tamiflu (Oseltamivir) or Relenza (Zanamivir) is only available on the NHS, for individuals who are suspected to have influenza on clinical grounds and on travel or contact history.
- Health protection units have supplies of antivirals that are to be used in the initial mitigation steps for individuals who comply with the details described in the Health Protection Agency (HPA) algorithm - available at <http://www.hpa.org.uk/>
- We currently have treatment courses for around 50 per cent of the population. This is one of the highest levels in the world. The stockpile is being conserved for treatment. We are increasing our stockpile to cover 80 per cent of the population.
- Where suspect cases are being identified, arrangements are in place to ensure between Primary Care Trusts and the Health Protection Unit that tamiflu is made available locally. Health Protection Unit stocks are being replenished from the stocks held by the Emergency Preparedness Division of the Department of Health and stocks are available.

Has the Government banned pharmacists from giving out Tamiflu?

- We have not withdrawn Tamiflu from over counter sales but, because we are increasing our stocks, pharmacists won't be able to buy any more at the moment. Normal supplies of tamiflu in pharmacists are usually relatively small as prescription is normally restricted by NICE guidelines.

Antibiotics

- We are increasing our stockpiles of antibiotics, which are essential for treating any potential complications caused by swine flu so that we have enough to cover 30 per cent of the population by September.

FLU LINE

- To make sure we can distribute antivirals effectively, we are working to get the Flu line up and running as quickly as possible, and it will be ready by the autumn.

- In the meantime, we are finalising plans for an alternative system that we aim to use in the short term, should the virus become more widespread more quickly.
- The interim arrangements we are putting in place will mean that people with symptoms can be assessed quickly, and antivirals made available so that they can start treatment within 48 hours of symptoms developing. We will co-ordinate local arrangements with primary care trusts for assessment and collection, web access and also the potential for phone services.
- It is critical that any system is robust and as thoroughly tested as possible before it is made operational.

VACCINE

- Scientists are now much closer to developing a vaccine strain from the virus.
- But while the first strain of the vaccine may be ready in a matter of weeks, developing this into a useable vaccine will take several months.
- The UK government and the Devolved Administrations already have agreements in place with manufacturers to supply stocks of a vaccine as soon after production begins as possible. In the meantime, we will continue to get expert advice on what will be the most effective vaccine strategy, and what would best protect us if the virus returned in a more virulent form in the autumn.
- We also need to assess the effects on the availability of the seasonal flu vaccine this winter.

LEVEL FIVE AND PREPAREDNESS

What does level five mean?

- Phase five indicates that WHO considers a global pandemic to be imminent, whereas at phase four a global pandemic is not inevitable. This means there has been person-to-person spread but it is still localised.
- We are still not in a pandemic phase.

Preparedness

- We have been preparing for the possibility of a pandemic for a number of years and are among the most prepared countries in the world.
- The NHS has developed its planning from a national, local and individual level and our plans are robust and advanced.

FACEMASKS

- There is no convincing scientific evidence that the widespread issue of facemasks to healthy members of the public can stop this disease spreading. Moreover, they give can false reassurance, and can encourage people to ignore basic and straightforward hand hygiene measures which have proven effectiveness.
- However, specialist and other types of facemasks are useful for frontline NHS staff who are caring for infected patients, if they are the appropriate type; worn correctly; changed frequently; removed properly; disposed of safely and used in combination with good hygiene measures.
- Although we have a supply of facemasks for NHS staff, we do need more. have ordered an additional 227 million surgical facemasks and 34 million respirators, which, if used properly, can prevent transmission to NHS staff who are in close and frequent contact with patients.

WEBSITES

Key websites

Directgov (www.direct.gov.uk/swineflu) the primary government website for essential cross-government swine flu messages; NHS Choices (www.nhs.uk) the primary public-facing health information and advice service; the Department of Health website (www.dh.gov.uk) the home of content relating to health and care professionals; and Business Link (www.businesslink.gov.uk/swineflu) the home of business-related information. The dedicated Swine Flu page on the FCO website is at: www.fco.gov.uk/en/travelling-and-living-overseas/swine-flu

| Phase | |
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| 3 | Human infection(s) with a new subtype, but no (or rare) person-to-person spread to a close contact |
| 4 | Small cluster(s) with limited person-to-person transmission but spread is highly localised, suggesting that the virus is not well adapted to humans |
| 5 | Large cluster(s) but person-to-person spread still localised, suggesting that the virus is becoming increasingly better adapted to humans |

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| 6 | Increased and sustained transmission in general population UK alert levels 1 Virus/cases only outside the UK 2 Virus isolated in the UK 3 Outbreak(s) in the UK 4 Widespread activity across the UK |
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