



Issue number 25
February 2010



Viewpoint

Professor Lindsey Davies, National Director of Pandemic Influenza Preparedness, reviews the response to swine flu and highlights current activities.

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Welcome to the first issue of Pandemic Flu News for 2010.

Thankfully, the number of cases of swine flu has fallen significantly. We no longer need the help of the National Pandemic Flu Service, which has been so successful in easing the pressure on primary care services, and as you will see from page 4, it has now been closed. Antiviral collection points will continue to operate until the end of the flu season and local health services will still provide appropriate services to meet local demand, but it does feel as though we are steadily moving back to 'business as usual'. The pandemic might well have had a much greater impact had it not been for the good planning and solid response that, together, we have put in place. Good partnership work

has been key to this and I would like to thank everyone in the health service, local authorities and the third and independent sectors who have worked so hard for such a long time to manage the response so effectively.

In the UK - and internationally - thoughts are now turning towards reviewing the effectiveness of the pandemic response and we have highlighted some of the work in this issue. The Department of Health will be working closely with the Cabinet Office and colleagues in Scotland, Wales and Northern Ireland on an overarching review to inform future preparedness. The details are still being developed. We are also encouraging local reviews to take place whilst events are fresh in people's minds.

In recent weeks, as they reflect on their local response, people from many parts of the UK have told me how much their response has benefitted from the relationships built during planning. In my current role as interim Regional Director of Public Health for London, I see evidence of this every day, not only in our response to swine flu but also in other difficult situations such as the recent heavy snow. They are a precious legacy, and should be recognised and nurtured.

Although case numbers are decreasing and most are not serious, H1N1 is still causing severe illness in some people and, sadly, deaths. Vaccination of those in the at risk groups continues to be a high priority as reflected in our communications activity. Swine flu is now a vaccine



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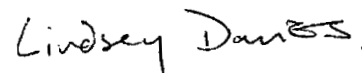
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preventable disease and we must make sure that those at risk are aware of this. During February our public campaigns (page 7) are continuing to promote uptake of the swine flu vaccination. Up-to-date information on vaccination and swine flu generally will continue to be provided on the phone information line 0800 1 513 513 and the website www.direct.gov.uk/swineflu

Finally, in this season of coughs and colds, let's not forget the role that good respiratory and hand hygiene has in preventing further spread of swine flu and other illnesses.

Page 10 describes a study on the effectiveness of cleaning agents in killing the flu virus and, amongst other things, identifies a new use for vinegar!

As always, if you have any queries on this month's articles or the pandemic in general please write to us at pandemicflu@dh.gsi.gov.uk



Professor Lindsey Davies



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Plans are under way to capture lessons learnt from swine flu including a review of the swine flu staff vaccination programme.

The SHAs are leading regional exercises to review the response, and NHS organisations are also encouraged to consider local reviews. In many cases, there will be useful lessons that can be applied more widely - for example, in improving the management of winter pressures. Lessons from swine flu are likely to have relevance for delivering the Operating Framework requirement, as well as revising planning and emergency preparedness.

Putting our plans into action and testing their effectiveness has been a key part of the response, so it's vital

that we now capture the learning from this, building on the existing preparedness plans to ensure that we are in an even better position to respond to a future pandemic.

One specific piece of work being taken forward by a group of clinical professionals, supported by the Department of Health, is looking at a sample of organisations to identify factors behind high and low uptake rates in the staff vaccination programme. The output will be best practice guidance, drawing out key lessons from the swine flu vaccination and applying them to future seasonal flu campaigns. If you would like to contribute to this review please contact your SHA Flu Lead in the first instance.



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Update from Ian Dalton, National Director of NHS Flu Resilience

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The NHS has risen impressively to the challenges posed by swine flu, and has successfully managed the extra pressure placed on the service alongside other demands. This is testament to the hard work and dedication of clinicians, managers and other NHS staff in both their pandemic preparations and the response to this outbreak.

Before the Christmas and New Year break, there were an estimated 6,000 new cases a week of H1N1, which have since dropped to fewer than 5,000. This significant reduction in people contracting swine flu sits alongside an overall decrease in hospitalisations, with fewer than 50 people now in critical care. With this low level of influenza caused by the H1N1 (2009) pandemic virus in the community I have been looking at the current arrangements in place to respond to the pandemic.

During the treatment phase of this pandemic, special arrangements were put in place in England for antiviral treatment. This included those with influenza-like illness (ILI) having early access to antivirals and the National Pandemic Flu Service (NPFs) - a self care service allowing patients with suspected H1N1 (2009) influenza to be assessed online or by telephone and issued with antivirals as appropriate.

With the support of the RCGP and the BMA, the NPFs has been very successful in easing pressure on primary care services during the busiest times of the pandemic. It allowed GPs to focus on those most ill and ensured people got access to antivirals when they needed them. However, with indicators showing that NHS pressures from ILI and H1N1 (2009) are now less than half what they were two weeks prior to the NPFs being switched on, and in

consultation with stakeholders, the decision was taken to stand down the NPFs from 1am Thursday 11 February 2010. The service can be restored in seven days should it be needed.

The Swine Flu Information Line continues to operate and will provide recorded information messages, directing people to contact their GPs if appropriate and giving information about swine flu and self care.

From 11 February onwards, antivirals will continue to be authorised by healthcare professionals using antiviral authorisation vouchers. Alternatively GPs and qualified prescribers can use the right hand side of FP10SS (endorsed 'ACP') for those aged 13 and older. This allows us to continue to provide antivirals from the national stockpile free of charge. The voucher also provides a safety checklist of dosages.



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Antiviral collection points will continue to function until the end of the flu season and I expect PCTs to sustain a network of antiviral collection points (ACPs) appropriate for the level of demand in their areas, providing appropriate access for patients, and to ensure that practices are informed of their locations and opening times. It continues to be important that patients are able to gain access to antivirals quickly and therefore weekend and extended hours of access should still be provided.

However, it is extremely important that we do not allow the current low levels of ILI and the stand down of the NPFS to lead to a sense of complacency.

There is still considerable uncertainty about how the virus will behave over the coming months and years. Experts advise us that it is likely that pandemic H1N1 (2009) will be the predominant flu virus in the 2010 influenza season

and it is worth remembering that swine flu is still in circulation.

Deaths from H1N1 (2009) continue to occur and whilst it is now clear that those rates overall have been lower than in previous pandemics and some flu seasons, the disease has disproportionately affected young people. This is where most complications have occurred, particularly in those with pre-existing chronic illness. Vaccination remains the best form of protection against swine flu.

Good progress has been made in delivery of the vaccination programme to date, but we must not be complacent. For the time being, vaccination will continue to be made available to children over six months and under five and those in the priority groups, including frontline health and social care workers.

A further campaign of national advertising is currently running to

publicise the vaccination programme and encourage eligible people to contact their GPs. The Chief Medical Officer also wrote to encourage GPs to make further contact with people in the risk groups who have not yet had the vaccine. View the letter [here](#).

The healthcare worker vaccination programme is a key governance responsibility for NHS Boards and preparations for this should have been included in the September statements of readiness that I requested in July 2009. I expect that staff who wish to be vaccinated against swine flu should continue to be able to receive the vaccine.

Our response to the pandemic to date has been the result of a tremendous amount of hard work, collaboration and commitment on the part of the NHS and I would like to thank everyone who has been involved as we respond to this next phase of the pandemic.



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Swine flu lessons learned

The social care flu resilience team is considering lessons learned for future pandemics. As part of the review of the response to the swine flu outbreak they would be very interested in attending any sessions on this that you may be planning and if you have any review reports you can share please send them to Simon.cole@dh.gsi.gov.uk

Regional visits

The team has attended meetings of all the nine regional branches of the Association of Directors of Social Services (ADASS). These were an opportunity to review general resilience in social care and to focus on issues such as the distribution of face masks, plans for accelerated hospital discharges, the trialling and national roll out of SocCon (the social care reporting tool) and

the frontline social care worker swine flu vaccination programme. We are very grateful to ADASS branch chairs for making space on very full agendas to consider the pandemic response.

Provider event

We are inviting social care providers from the independent sector to a workshop on 24 February in London. This will be an opportunity for providers to feedback their experiences of the pandemic and help inform our future planning. If you would like to attend please contact Julia.gale@dh.gsi.gov.uk

Financial support for vaccination of frontline social care workers

In October the Department of Health agreed to make financial support available to local authorities

for managing and administering a swine flu vaccination programme for eligible frontline social care staff. The 31 January deadline for local authorities to submit invoices for this financial support has now passed so any outstanding invoices should be submitted as soon as possible to Rebecca.sidwell@dh.gsi.gov.uk

These programmes have involved local authorities working with PCTs, occupational health staff and social care providers to make the vaccine available. We recognise that there have been some challenges to running effective programmes and we are using your feedback to help us with any similar future campaigns.



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The Global Health Security Action Group (G7 plus Mexico) has been comparing the vaccination strategies of its countries and working on the lessons learned from the pandemic for the GHSAG. At the same time the European Commission is reviewing the lessons learned from the containment phase and from the vaccination programmes adopted by EU countries. The World Health Organisation (WHO) is reviewing its response and we are also considering how to evaluate our UK international response.

The Council of Europe Social Affairs Committee's report on a 'fake pandemic' is due mid April and in the meantime the pre-swine flu work on agreeing a Framework in the WHO for sharing of viruses and sharing of benefits will recommence.

The next international Ministerial conference in Hanoi in April will consider how the swine flu pandemic changes the landscape for future avian and pandemic planning, and how these lessons can be applied more widely to the range of emerging zoonotic diseases.



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The evidence base on influenza and H1N1 in particular continues to grow. Listed below are some interesting scientific publications from the past month.

Incidence of H1N1 infection in England

The National Institute for Health Research, on behalf of the Department of Health, funded 14 research projects in response to the pandemic. One of these projects, undertaken by the Health Protection Agency, aimed to document the age-specific prevalence of neutralising antibodies to 2009 pandemic H1N1 virus before and after the first wave of the pandemic. The aim of this study was to provide a measure of the incidence of infection in England. Initial results from this project, published in the *Lancet*, demonstrated that around one child in every three was infected with the

virus during the first wave in London and the West Midlands. In addition, older age groups were found to have pre-existing antibodies, which protected against infection.

Miller E, Hoschler K, Hardelid P, Stanford E, Andrews N, Zambon M. Incidence of 2009 pandemic influenza A H1N1 infection in England: a cross-sectional serological study. The Lancet, Early Online Publication, 21 January 2010

[View abstract](#)

Correlates of severe disease

A study of 795 confirmed cases of pandemic influenza H1N1 in the province of Manitoba, Canada, found that severe disease necessitating admission to ICU was associated with a longer interval from onset of symptoms to treatment with antiviral therapy and with the presence of an underlying comorbidity. In a further analysis of cases admitted to intensive care unit compared with patients admitted to hospital, First

Nation Ethnicity was associated with increased severity of disease.

Zarychanski R, Stuart TL, Kumar A, Doucette S, Elliott L, Kettner JI, Plummer F. Correlates of severe disease in patients with 2009 pandemic influenza (H1N1) virus infection. CMAJ 2010. Published online ahead of print January 21, 2010

[View abstract](#)

H1N1 and pregnancy

Data on 43 hospitalised pregnant women in the State of Victoria, Australia, were collected between 20 May 2009 and 31 July 2009. The most common reason for admission was uncomplicated influenza-like illness. Patients hospitalised for uncomplicated influenza-like illness had a length of stay (LOS) significantly less than those with confirmed pneumonia (median LOS two days vs nine days, $p < 0.001$). Almost half of the case series had no other comorbidity. Antiviral treatment was prescribed for 33 (77%) of



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43 patients. Of the women receiving antiviral, 12 commenced treatment within two days of symptom onset. In the remainder, treatment was commenced ≥ 3 days after symptom onset (range, 3-14 days).

Hewagama S, Walker SP, Stuart RL, Gordon C, Johnson PDR, Friedman ND, O'Reilly M, Cheng AC, Giles ML. 2009 H1N1 Influenza A and Pregnancy Outcomes in Victoria, Australia. Clinical Infectious Diseases 2010;50. Published online on 25 January 2010

[View abstract](#)

Effectiveness of common household cleaning agents

Researchers have undertaken a study to test a representative range of common household cleaning agents for their effectiveness at killing or reducing the viability of influenza A virus. The results from this study showed that the active ingredients in a number of the cleaning agents,

wipes, and tissues tested were able to rapidly render influenza virus nonviable. These findings indicate that it is possible to use common, low-technology agents such as 1% bleach, 10% malt vinegar, or 0.01% washing-up liquid to rapidly and completely inactivate influenza virus.

Greatorex JS, Page RF, Curran MD, Digard P, Enstone JE, et al. (2010) Effectiveness of Common Household Cleaning Agents in Reducing the Viability of Human Influenza A/H1N1. PLoS ONE 5(2): e8987. doi:10.1371/journal.pone.0008987

[View abstract](#)