

## SoS Oral Statement on Swine Flu – 2 July 2009

1. With permission, Mr. Speaker, I would like to make a statement on the A(H1N1) Swine Flu pandemic.
2. As of today, there are 7,447 laboratory confirmed cases of Swine Flu in the UK
3. , of whom a significant number of whom, have been hospitalised. 3 people have sadly died, all of whom had underlying health problems.
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5. Since the first UK case was confirmed on 27<sup>th</sup> April, health protection officers, NHS staff from across the UK, and Department of Health officials have been leading the fight to contain the virus. Last week, we started to see a considerable rise in Swine Flu cases, and the emergence of hot spot areas in London, the West Midlands and Scotland. Since then, cases have continued to rise significantly. There are now, on average, several hundred new cases a day.
6. This creates challenges on the ground – and pressure on services. But the response from the health community has been tremendous. I hope the House will join me in putting on record once again our sincere thanks to staff in the Health Protection Agency and the NHS, General Practitioners and all those who work in Primary Care.
7. Our efforts during the containment phase, have given us precious time to learn more about the virus, to build up antiviral and antibiotic stockpiles, and to start to develop a vaccine.
8. We have always known it would be impossible to contain the virus indefinitely, and that at some point we would need to move away from containment to treating the increasing numbers falling ill. That is why

last week, I announced the move to Outbreak Management. This gave hotspot areas, where there is sustained community-based transmission, more flexibility to deal with the virus.

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12. Scientists now expect to see rapid rises in the number of cases. Cases are doubling every week and on this trend, we could see over 100,000 cases per day by the end of August – though I stress this is only a projection.

13. As cases continue to rise, we have reached the next step in our management of the disease. Our national focus should be on treating the increasing numbers affected by swine flu.

14. Based on experts' recommendations, and with the agreement of Health Ministers across all four administrations, I can today tell the House that we will now move to this Treatment phase across the UK with immediate effect.

15. This will mean that in England the Health Protection Agency will take a step back and primary care will take the lead in diagnosing and distributing antivirals.

16. There will be an immediate end to contact tracing and prophylaxis in all regions; GPs will now provide clinical diagnosis of Swine Flu cases rather than awaiting laboratory test results; and Primary Care Trusts will now begin to establish antiviral collection points where necessary.

This new approach will also mean an end to the daily reported figures of laboratory confirmed cases from the Health Protection Agency.

17. Our policy on schools is that they should not close because of individual cases of swine flu but they could close if the particular local circumstances warranted it. For example, there may be grounds for closure, if a significant number of pupils or teachers are ill or if it is a special school with particularly vulnerable pupils. The HPA will advise on outbreak control issues as usual and closures would be reported to the Department for Children Schools and Families.
18. Mr Speaker, I must report to this House that the Civil Contingencies Committee has had lengthy discussions, drawing on expert scientific advice, about who should be treated with antivirals if they contract Swine Flu.
19. Health Ministers across all four Administrations have noted clear scientific advice that the majority of cases in the UK have so far not been severe, with those catching the virus making a full and fast recovery. Yet a minority of people here and overseas have had more serious illness and some have died.
20. As we move into the treatment phase, Ministers have considered whether we continue to offer antivirals to all patients displaying symptoms or whether a more targeted approach should be adopted, focusing on those most at risk of becoming more seriously ill.
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23. When very little was known about the disease – and especially given the reported fatalities in Mexico – using antivirals prophylactically was sensible to protect people, and may have helped contain the initial spread of the disease.

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25. During the containment phase, experts have had time to study the virus. Some experts now suggest that since the virus has proved largely mild, antivirals should only be used to treat those in designated 'high risk groups.' That is, those more susceptible to developing serious illness or complications. These are all the groups at risk from seasonal influenza, plus pregnant women and children under 5.

26. They argue that overusing the drugs can increase the chances of antiviral resistance; and exposes too many people to the risk of side effects from the medicine.

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32. The Scientific Advisory Group for Emergencies says that, on balance, the science points towards a targeted approach, but acknowledges that this is a 'finely balanced' decision. Expert advice points to the fact that, as this is a new virus, its behaviour cannot be predicted with certainty. Swine flu is different from seasonal flu in that most serious illnesses have been in younger age groups, as happened in all three 20<sup>th</sup>-century influenza pandemics. A doctor faced with a symptomatic patient can not yet predict with certainty the course of their illness and whether or not they will be in the small proportion who may become more seriously ill.

33. Given this, we have decided to take a step-by-step approach. This means that, as in the outbreak management phase, we will continue to offer antivirals to all those who have contracted the illness. However, it remains a matter of clinical discretion to decide whether antivirals should be prescribed in individual cases. Particularly in circumstances where doctors are likely to be contacted by patients with coughs, colds and the worried well, in addition to those with swine flu.

34. Expert advice emphasises the high importance of treatment with antivirals of those in the higher risk groups. So, we will issue clear guidance to doctors to ensure that those at higher risk get early priority access to antivirals.

35. I acknowledge this is a cautious approach. Many people will be able to recover from swine flu without the need for antivirals and may therefore choose not to seek treatment. However, we are much closer to the time when we will receive the first doses of pandemic flu vaccine. This will potentially offer high protection. In the meantime, it is prudent to use our only current measure against the virus – antivirals – to the maximum effect. The science indicates that as we discover more about the virus and develop a more precise categorisation of risk groups, we are likely to reassess our approach and move to a more targeted use of antivirals. We will keep this matter under review, with advice from SAGE, and will update the House as and when this is necessary.

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41. Today we will set out these new arrangements through a short guide that will be e-mailed to NHS staff, and will be available online for the public.

42. I know that local GP surgeries and hospitals, particularly in hotspot areas, are coming under increased pressure. It's important that we do everything we can to reduce the strain on local health services. So we will begin to establish and use alternative routes for people to receive treatment. Initially this will be via [www.nhs.uk](http://www.nhs.uk) or the Swine Flu information line; subsequently, it will be via the National Pandemic Flu Service.

43. So, if people think they have Swine Flu, they should first go online and check their symptoms on the NHS website or call the Swine Flu information line on 0800 1 513 513. If they are still concerned, they should then call their GP, who can provide a diagnosis over the phone. If Swine Flu is confirmed, they will give them an authorisation voucher, which a flu friend can take to an antiviral collection point to pick up their antivirals. This may be a pharmacy or a community centre.

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46. As cases rise further, we will move to a system where cases are diagnosed and dealt with by the National Pandemic Flu Service. This will take the pressure off GPs by allowing people to be diagnosed and given their antiviral vouchers either online or via a central call centre.

47. Today Mr. Deputy Speaker I can tell the House that preparations are now at an advanced stage. And that we expect the service to be ready when it is needed.

48. At that point, if people have Swine Flu symptoms they should go onto the National Pandemic Flu Service website, or ring the dedicated call centre.
49. Finally, I would like to update the House on vaccines. We have now signed contracts to secure enough vaccine for the whole population.
50. We expect the first batches of vaccines to arrive in August, with around 60 million doses available by the end of the year – enough for 30 million people to be vaccinated – with more following after that.
51. Administering vaccines will need to be prioritised. We will make a decision on this when we know more about the risk profile.
52. Mr Deputy Speaker, most cases of Swine Flu have not been severe and we are in a strong position to deal with this pandemic. But we must not become complacent and, while doubt remains about the way the virus attacks different groups,
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54. today's decision on the move to the treatment phase reflects our caution.
55. I commend this statement to the House.