



# Pandemic update

**Ian Dalton**, National Director for NHS Flu Resilience summarises the latest developments and next steps.



**I would like to thank you all again for your continued hard work in responding to the A(H1N1) swine flu pandemic. This month has seen a significant development in our approach to tackling this pandemic with the first announcement about our**

**vaccination programme. While the numbers of swine flu cases appear to be decreasing, it is important that we continue to review and strengthen the preparedness of the Service as a whole. This will help to ensure we are in the best place possible should a second wave of the pandemic unfold.**

These groups have been identified because they are at highest risk of severe illness should they contract the swine flu virus.

Frontline health and social care workers across the UK will also be offered the vaccine at the same time as the first clinical risk group, as they are at increased risk of infection and of transmitting that infection to vulnerable patients.

The vaccine is being carefully assessed for safety and will be licensed by the European Medicines Agency (EMA) before it is given to any of the priority groups. The vaccine manufacturers have advised that they expect a license for the vaccine to be granted around the end of September or beginning of October.

## Vaccinations: 'at risk' groups

Vaccination against the swine flu virus has always been a part of our approach to managing the pandemic. Following the advice of two independent expert scientific committees - the Joint Committee for Vaccination and Immunisation (JCVI) and the Scientific Advisory Group for Emergencies (SAGE) – we have been able to announce the following priority 'at-risk' groups who will be offered the first doses of the swine flu vaccination:

1. **Individuals aged six months and up to 65 years in the current seasonal flu vaccine clinical at risk groups**
2. **Pregnant women, subject to licensing conditions on trimesters**
3. **Household contacts of immunocompromised individuals**
4. **People aged 65 and over in the current seasonal flu vaccine clinical at risk groups**

**While the numbers of swine flu cases appear to be decreasing, it is important that we continue to review and strengthen the preparedness of the Service as a whole.**



# swine flu

## ▼ swine flu pandemic update **continued**

### **Planning and guidance**

It is vital that every organisation now begins to plan how it will vaccinate staff as soon as the vaccine becomes available. It is critical that we vaccinate as high a percentage of frontline staff as possible to ensure we can continue to deliver high quality patient care without compromising the safety of patients, staff and their families.

Further operational guidance and resources will be made available to support the administration, coordination and delivery of the swine flu vaccination programme to both patients and staff. These will be available on the DH website at the earliest opportunity at [www.dh.gov.uk/swinefluvaccinationprogramme](http://www.dh.gov.uk/swinefluvaccinationprogramme)

The Department of Health is working with the BMA and NHS organisations to reach a comprehensive swine flu vaccine implementation plan for this first stage of the programme. Preparations continue to be made to extend the programme beyond these initial priority groups and JCVI will consider this matter further and report back in due course.

### **National Pandemic Flu Service**

Along with the important progress on the vaccination programme, there have been a number of other developments in our resilience work. The National Pandemic Flu Service (NPFS) has proved extremely successful and has handled a huge amount of patient assessments, helping to take the pressure off other parts of the system. Due to the decreasing numbers of assessments being carried out through the NPFS, we have taken the decision to reduce the number of call centre agents. This was always an option available to us in our contract, and the flexibility is available for us to increase the numbers again should demand increase.

### **Critical care capacity**

Finally, I would like to stress the importance of critical care capacity. There is work underway across all SHAs at the moment to help ensure that we have enough critical care capacity to meet any increased demand caused by the pandemic. I will share the results of this work with you all as soon as I am able to. We will also be carrying out whole system stress-testing exercises designed by the HPA in each SHA in September. The exercises will help organisations understand exactly how well prepared they are to deal with a possible second wave of the virus, giving time to put in place any additional measures if required.