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Viewpoint

Professor Lindsey Davies, National Director of Pandemic Influenza Preparedness, reviews the response to the pandemic and highlights key issues

Welcome to the October edition of Pandemic Flu News. We will be publishing the newsletter monthly from now on, to keep everyone involved in preparing for and responding to pandemic flu in touch with current issues and developments.

First of all, thank you for the fantastic local, regional and national response to the pandemic. Our preparations have stood us in good stead and it has been a particular pleasure to see local organisations working so effectively and creatively together to meet local needs. We have already learned many lessons to inform the response to this and future pandemics.

It was good to meet so many of the people involved in the flu response at the national NHS and social care pandemic flu conference in

September to share learning and to contribute to the discussion on how best to deliver a swine flu vaccination programme. Conference highlights and some of the Q&As from the day are on page 2. An important learning point for me was the compelling presentation by the Red Cross on their work to provide support to the ‘flu friend-less’ [see page 10].

What’s happening to the H1N1 virus at the moment? The latest figures show that the number of cases is rising steadily week on week, but less rapidly than it did when the first wave began. Although at this stage it is still difficult to predict when the next wave will peak or how large it will be, it is highly likely that, like the first wave, it will affect different parts of the country to different degrees. Preparing to respond to large numbers of cases locally is therefore still crucially important.

Organisations should have robust staffing and resource plans in place, insist that people with flu symptoms stay at home, encourage all staff to follow the ‘CATCH IT, BIN IT, KILL IT’ rule to stop flu spreading and encourage vaccination for those who are in ‘at risk’ groups or who are frontline NHS or social care staff.

All of us working on pandemic flu at DH are, as ever, keen to hear how things are in your part of the world and happy to answer any queries you might have. We would also be very pleased to hear about things which have worked well and which others might usefully learn from. Please do keep in touch by emailing pandemicflu@dh.gsi.gov.uk

I look forward to hearing from you



Professor Lindsey Davies



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NHS and social care pandemic flu conference

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Over 400 emergency planners, pandemic flu leads and staff working on vaccinations joined forces at this year’s pandemic flu conference on 10 September.

This change in audience reflected the stage we have reached in our operational planning and the need to include discussions on the practicalities of delivering a swine flu vaccination programme.

The first part of the conference focused on the vaccination plans, whilst the second included updates on social care and NHS resilience and the National Pandemic Flu Service. Later, Margaret Lally of the Red Cross also presented on how they have been supporting PCTs in providing flu friends. See page 10 for more on this.

Some of the questions and answers are reproduced here for those of you who could not attend.

Q. Are some people likely to already have immunity to the swine flu virus such as those over 65 years?

In a pandemic, the new ‘pandemic strain’ of flu virus often behaves differently from the viruses of seasonal flu, so new risk groups may be identified. Current surveillance data shows that younger people are being infected by influenza-like illness to a greater extent than other age groups and that rates are low amongst people over 65 years. One reason for this may be that older people have some immunity to the virus. This will continue to be monitored.

Q. Has the National Pandemic Flu Service (NPPFS) been evaluated by service users?

The clinical algorithm was tested with members of the public prior to the launch of the National Pandemic Flu Service. The service also includes the facility for people using it to provide feedback and this has been used to inform improvements to the service.



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Conference continued...

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Q. Who are the frontline health and social care workers identified for the swine flu vaccination programme?

Frontline health and social care workers will be offered the vaccine at the same time as the first clinical ‘at risk’ groups as they are at increased risk of infection and of transmitting that infection to susceptible patients. ‘Immunisation against infectious disease’ (also known as “**The Green Book**”) gives a comprehensive list of who is included in this group.

Q. What about vaccinations for health and social care workers who are not considered frontline?

After the priority groups and frontline staff have been vaccinated, the use of the vaccine in the wider population will depend on the evolution of the pandemic as well as new and emerging clinical data on the use of the vaccine. This will be kept under review.

Q. Will targets be suspended under the exceptional circumstances of the pandemic?

Clinical priorities should always take precedence over targets and should pandemic flu present particular issues in certain localities then we shall certainly take that into account in terms of assessing performance.



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Revised planning assumptions

The Cabinet Office has published revised planning assumptions for the pandemic based on findings from the latest scientific evidence on the severity of the current A(H1N1) strain.

They supercede previous assumptions dated 16 July 2009 and will be subject to further review and possible change as further new data becomes available on the current pandemic strain of influenza.

The worst case scenario figures are lower than previously estimated but being properly prepared for a second wave is a priority for everyone. The latest planning assumptions can be found [here](#).

Critical care plan

H1N1 flu is mild for the majority of people, but some will need treatment in hospital, with a small proportion of these being so ill as to require critical care to help them recover.

Following a review of NHS critical care capacity, and the possible need to increase this during the pandemic,

a critical care strategy has been published. It sets out how the NHS will double its ventilated critical care capacity during the peak of a second wave of the swine flu virus. It also outlines a series of other system measures that can be put in place, including how to minimise demand for critical care.

To support the NHS in this work, a new Critical Care Clinical Group will provide a dedicated, expert resource for the NHS for the duration of the pandemic. For more details [click here](#).



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Update from Ian Dalton, National Director of NHS Flu Resilience

Since taking up my role, I have been very impressed by the collective response of the NHS in responding to the first wave of swine flu.

With the numbers of cases of swine flu beginning to increase over recent weeks, it is a timely reminder that we now need to guarantee that we are as prepared as possible as we enter the winter months. Over the last few months, I have been asking the NHS to ensure that they have robust plans in place to respond to a potential second wave of swine flu.

There has been significant progress in our resilience planning, and much hard work from staff and leaders across the Service, for which I would like to express my thanks.

One such example of this is the standing up of the National Pandemic Flu Service, and the impact that this has had in taking pressure off other parts of the system.

The key areas that I have been asking all NHS organisations to focus on are:

- **Vaccinations:** we must be prepared to deliver our vaccination programme as soon as the vaccine is made available. All PCTs must have plans in place to vaccinate patients in the ‘at risk’ groups, and all NHS organisations must take responsibility for vaccinating eligible frontline health and social care staff.
- **Critical care:** we have published a critical care strategy which sets out how the NHS will double its ventilated critical care capacity during the peak of a potential second wave. It outlines a series of whole system measures that can be put in place, including measures to minimise demand for critical care.
- **Organisational preparedness:** all SHAs have been carrying out stress testing exercises to ensure that their resilience plans are as robust as possible.

- **SHA board assurance:** each SHA board will be declaring that they have completed an assurance process to show that they are prepared for a potential second wave.
- **Antivirals:** PCTs must make sure that they have flexibility within their Antiviral Collection Point network to ensure they have sufficient capacity and stock to respond to an increase in local demand for antivirals.

We will continue to work with the NHS to ensure that we remain as resilient as possible. All the latest clinical information and guidance, including my letters to the NHS, are available on the Department’s website at www.dh.gov.uk/swineflu



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Social care – preparing for a second wave

Exercise Prometheus

Exercise Prometheus, a desktop exercise for social care providers, was launched at the conference. This is for local authorities, private and third sector providers, health organisations and other partners to test the resilience of their plans. It uses the revised planning assumptions since the first wave, making preparation for a second wave of swine flu realistic. Using this exercise to test plans and procedures will help providers meet their legal responsibilities under the Civil Contingencies Act 2004.

You can download the DVD that is an integral part of the exercise from the DH website or you can order a copy by contacting the HPA at exercises@hpa.org.uk

For more information, contact Anna.Prygodzicz@dh.gsi.gov.uk

We would welcome feedback from anyone who has organised, or participated in an exercise.

Self assessment

A revised version of the self assessment for social care issued in April is now available and is being issued to emergency planning officers through Local Resilience Forums. Completion of this helps local authorities assess their plans and can help us build a national picture of local resilience.

For more information, contact pandemicflunews@dh.gsi.gov.uk and put “social care self assessment” in the subject header.

Guidance for nursing and residential homes

Advice on the generic management of outbreaks of flu-like illness in nursing and residential homes with specific guidance appropriate to swine flu is now on the DH website.

The advice is provided by the HPA and more general information on swine flu can be found on their website at www.hpa.org.uk



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FFP3 fit testing “Train the Trainer” workshops

In response to the swine flu outbreak, DH has distributed a number of 3M FFP3 respirators to frontline NHS staff who are involved in carrying out aerosol-generating procedures.

To support the NHS in their use, we have worked with 3M to roll out a series of half-day respirator “Train the Trainer” fit testing workshops. These aim to train employees to be able to perform respirator fit tests and to cascade local fit testing programmes

on completion of the workshop. Generic FFP3 fit testing training posters for the NHS will be available to order at the end of October. Download 3M's online toolkit [here](#).

For further information, contact Nicola.Lewis@dh.gsi.gov.uk

Supporting carers

The latest module in our guidance for commissioners and providers of social care addresses support for carers and is now available to download [here](#).

Produced with help from the Princess Royal Carers' Trust, the pack includes information on how your plans should include carers. It asks providers to consider what additional help carers

would need, how to reach 'hidden' carers, what the priority services are for them in the pandemic, what advice or training they might need and how to provide it for them.

Swine flu vaccination

We had confirmation in September from the BMA and NHS employers that the swine flu vaccination programme will be administered by GPs.

The programme, which is expected to start in late October, will initially target the nine million people most at risk from complications if they get swine flu as well as frontline health and social care workers.

Because the situation of the programme is developing so rapidly, you can find the latest information [here](#).



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Health advice for the Hajj and Umrah pilgrimages

The World Health Organisation and the Saudi Government advise that pregnant women, older people, people with long-term conditions and children should postpone their pilgrimages this year for their own safety.

This is because there is a high likelihood of transmission of swine flu during the course of the pilgrimage. They also advise that pilgrims who do go should be vaccinated against seasonal flu at least two weeks before applying for a visa.

The Saudi Embassy will require travellers to provide proof of vaccination when applying for a visa. For more information, check the Foreign and Commonwealth Office [website](#).

Public communications

The last issue of Pandemic Flu News in July announced the launch of the National Pandemic Flu Service. National advertising explaining the service, access to antivirals and the need for flu friends supported the launch.

Our plans are flexible, allowing us to respond and communicate further changes in treatment and service delivery through national campaigns and by updating the

phone information line and websites. In August and September we ran a further burst of our previous respiratory and hand hygiene campaign with the 'CATCH IT, BIN IT, KILL IT' message as this is still the first line of defence against swine flu.

A new campaign, including television advertising, is planned for late October to coincide with the projected next wave of swine flu.

Various large brands have been developing their own promotions that build on the 'CATCH IT, BIN IT, KILL IT' messages. During the autumn you will see these from Kleenex, Wet Ones, Carex and Dettol.

Further public campaigns are in development that will promote the availability of the swine flu vaccine. These will initially target those most at risk from complications if they catch swine flu.



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National Pandemic Flu Service (NPFS)

The NPFS was launched on 23 July as the self care service for people with swine flu symptoms. Managed by NHS Direct for the Department of Health, it uses public and private sector call centres.

Cumulatively from 23 July to 5 October 2009, 1,554,906 assessments have been completed, 999,957 authorisation numbers issued and 628,799 antivirals collected.

The NPFS gives access to antiviral treatment for patients in England with swine flu so that GP practices and other health services can continue to provide care for patients with other important needs.

To help facilitate this, the service is working with the Royal College of GPs (RCGP). The RCGP has set up a small network of GPs who have particular knowledge and skills in telephone assessment, out of hours services and/or pandemic planning to provide medical liaison with NPFS. This is part of the wider programme of work that RCGP has established in response to pandemic flu.

Since August, these nominated GPs have acted as a named contact for the NPFS call centres and have worked together under the co-ordination and guidance of the RCGP Honorary Secretary and pandemic flu lead, Dr. Maureen Baker.

The NPFS liaison doctors have visited their allocated centres personally and have listened to calls coming in and queries raised. They have contributed to a ‘frequently asked questions’ sheet for call handlers and the development of a clinical help desk.



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A flu friend in need

As part of the help that the Red Cross is offering during the pandemic, it has developed its own model of organisational ‘flu friend’ support.

In many parts of the UK, Red Cross volunteers and staff are already helping the NHS by delivering antivirals to people diagnosed with swine flu – but who don’t have any friends or family living close enough to help.

They can offer telephone checks to ensure people are coping well and help with shopping to allow the ill person to remain at home and not spread the virus in the community. If someone has more complex needs they can also either rely on Red Cross services or other third sector or statutory partners.

The Red Cross is keen to explore how it can share information and good practice within the third sector regarding its flu friend initiatives. It’s looking to **Local Resilience Forums** (who co-ordinate multi-agency, emergency response planning at a local level) as the main vehicle for contact and encourage other third sector organisations to get involved through them.

In this way, models for local flu friend service delivery could be discussed, enabling each organisation to work together more effectively – and maximise capacity to deliver flu friend support quickly and efficiently should demand suddenly surge.

For more information on how the Red Cross is responding to the swine flu pandemic, visit its [website](#) or, to find out more about their flu friend model, contact SHannay@redcross.org.uk.



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International update

International links are as important as ever now we are in the operational phase of a pandemic. We’ve been sharing information with EU Member States (where they refer to ‘H1N1’ and not ‘swine flu’) not only on the effects of the pandemic, but also on school closures and antiviral and vaccination policies as well as impacts on health services. The international technical networks have also been active in exchanging information and working together on common issues.

Ministers of the Global Health Security Action Group (G7 countries and Mexico) and the WHO have also met twice to discuss similar issues, and global solidarity to those less prepared. A call for support has been launched by the UN Secretary General and the WHO Director General. The UK has been one of the first to respond by donating over £30m, making vaccine available to the WHO, and supporting the UN with secondments.

And we haven’t taken our eyes off H5N1. Countries are required to report cases in humans to the WHO, and it is meeting in Geneva later this month to agree the final stages of a framework on the sharing of information on viruses through the WHO system, and access to benefits for poorer countries.



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Influenza Clinical Information Network (FLU-CIN)

The Department of Health has established the Flu Clinical Information Network (FLU-CIN) with the aim of collecting detailed knowledge of severe swine flu, its complications, the associated risk factors and the effectiveness of different methods of treatment.

Knowledge gained from this network will inform policy and enable the dynamic revision of clinical management guidelines if required.

The University of Nottingham has been established as the coordinator for this project and data collection has mainly focused on five sentinel centres:

- Imperial College Healthcare NHS Trust
- Nottingham University Hospitals NHS Trust

- University Hospitals of Leicester NHS Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Liverpool Group (Royal Liverpool University Hospital NHS Trust, Liverpool Women’s Hospital NHS Foundation Trust and Royal Liverpool Children’s NHS Foundation Trust).

In addition, a further two sentinel centres are currently being established in Scotland and Northern Ireland.

Data collectors are also visiting Trusts with known cases of swine flu to collect further data. As of 25 September 2009, data on 192 patients had been collected. Initial analysis shows that the majority of cases are occurring in young adults of working age.

As well as this, it seems that the proportion of cases with comorbidities increases with age.

Regular fortnightly reports based on the data collected are being discussed by the FLU-CIN Strategy Group, the Scientific Advisory Group for Emergencies (SAGE) and the Pandemic Influenza Clinical and Operational advisory group (PICO).

If the data collected suggests that the existing provisional clinical management guidelines need revision, the FLU-CIN Strategy Group will put a proposal to PICO for endorsement. Any changes to the existing guidelines will be published on the [Department of Health website](#).



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Science update

Antibodies to swine flu virus

To assess the level of pre-existing immunity to swine flu in the US population, researchers have measured the antibody response to the virus based on stored serum samples from people who either donated blood or were vaccinated with recent seasonal or 1976 swine influenza vaccine.

The research demonstrated that vaccination with recent seasonal non-adjuvanted or adjuvanted influenza vaccines induced little or no cross-reactive antibody response to the swine flu virus in any age group. People under the age of 30 years had little evidence of cross-reactive antibodies to the pandemic virus. However, a proportion of older adults had pre-existing cross-reactive antibodies.

Individuals who were born before 1930, who were probably exposed to a 1918-like H1N1 virus, had the highest levels of cross-reactive antibodies. These findings are consistent with those of previous studies.

[Hancock, K. et al. Cross-reactive antibody responses to the 2009 pandemic H1N1 influenza virus. N Engl J Med 2009 Sep 10 \[Epub ahead of print\]](#)
[View abstract](#)

Vaccine trials

Two recent articles provide preliminary data on the immunogenicity of swine influenza vaccines. The first study, by researchers in Australia, evaluated the immunogenicity and safety of a vaccine manufactured by CSL Ltd 21 days after the first of two scheduled doses.

A total of 240 subjects, equally divided into two age groups (<50 years and ≥50 years) were enrolled into the study and underwent randomisation to receive either 15µg or 30µg dose of vaccine.

By day 21, antibody responses likely to be associated with protection were observed in 116 of 120 subjects (96.6%) who received the 15µg dose and in 112 of 120 subjects (93.3%) who received the 30µg dose.

No deaths, serious adverse events, or adverse events of special interest were reported. Local discomfort (eg injection-site tenderness or pain) was reported by 46.3% of subjects, and systemic symptoms (eg headache) by 45.0% of subjects.



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Vaccine trial continued...

In the second study, researchers in Leicester evaluated the immunogenicity of one or two doses of a 7.5µg vaccine manufactured by Novartis in both adjuvanted and non-adjuvanted forms. A total of 175 subjects, aged between 18 and 50 years of age were enrolled on the study.

In preliminary analyses, the vaccine in adjuvanted form generated antibody response likely to be associated with protection within 14 days after a single dose was administered.

In addition to the above, the US National Institute of Allergy and Infectious Diseases has recently announced that early results from a trial testing a swine flu vaccine developed by Sanofi Pasteur look promising. Preliminary analysis of blood samples from 25 subjects shows that a single 15µg dose of the vaccine generates an immune

response that is expected to be protective against the swine flu virus in the majority of 10-17 year olds eight to ten days following vaccination.

Younger children generally had a less robust early response to the vaccine. These children are likely to require two doses of vaccine to develop protective antibody levels.

[Greenberg, ME. et al. Response after one dose of a monovalent influenza A \(H1N1\) 2009 vaccine – preliminary report. N Engl J Med 2009 Sep 10 \[Epub ahead of print\]](#)
[View abstract](#)

[Clark, TW. et al. Trial of influenza A \(H1N1\) 2009 monovalent MF59-adjuvanted vaccine – preliminary report. N Engl J Med 2009 Sep 10 \[Epub ahead of print\]](#)
[View abstract](#)

[Neuzil, KM. Pandemic Influenza Vaccine Policy – Considering the early evidence. N Engl J Med 2009 Sep 10 \[Epub ahead of print\]](#)
[View abstract](#)

[View National Institute of Allergy and Infectious Diseases Press Release](#)

Although these studies are of interest, the Department of Health has purchased vaccines from GSK and Baxter. The Joint Committee on Vaccines and Immunisation (JCVI) will be reviewing the above data in the near future.