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Viewpoint

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Welcome to the December issue of Pandemic Flu News.

2009 has certainly been an eventful year and I want to take this opportunity to congratulate everyone involved in the preparation for, and response to, this H1N1 pandemic.

As the end of 2009 draws closer, it is worth taking a few minutes to reflect on this year's enormous achievements. We have highlighted a number of them in the articles here, but I'm sure you will have your own local examples to add. We would be very pleased to hear about them if you have time to send us an email at pandemicflu@dh.gsi.gov.uk

It is encouraging that numbers of H1N1 cases are falling in many parts of the country, although it remains a dangerous disease for some. Our work needs to continue throughout the month and into the New Year.

Ensuring high uptake of immunisation will protect the young and vulnerable now and into the future, when we know H1N1 will continue to circulate in the population. Following the Chief Medical Officer's announcement that the next phase of vaccination will be offered to those over six months and under five years, a new advertising campaign has been developed to give parents and carers the information they need about the vaccine. We know that children under five years of

age are more likely than other groups to be hospitalised if they become ill with swine flu and so, while vaccination remains a personal choice, we continue to advise everyone who is offered the vaccine to accept it and protect themselves.

Two new radio adverts continue our focus on reaching those in priority groups. In the ads, people who have not been vaccinated give familiar excuses as to why they have yet to take up the offer. We are all busy at this time of the year but large-scale infection could have tremendous impact on the resilience of health and social care services during the busy winter months.



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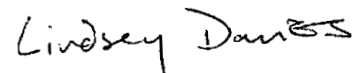
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Many of you took part in Exercise Peak Practice earlier this year which was an invaluable test of the resilience of health and social care systems. The publication of the national summary (see Ian Dalton's update) has reaffirmed their preparedness. This has been strengthened even further by the continuing work during the more recent stages of the pandemic.

As some of you may know, this month has seen a change of role for me personally. On 7 December, I moved to NHS London as Acting Regional Director of Public Health, covering Dr Simon Tanner's absence on sick leave. I will continue to advise

and support the Department of Health in the role of Pandemic Flu 'Tsar' and so you will still see me here in Pandemic Flu News.

I'm confident that all of the hard work and preparation over the past year will stand us in good stead for the year ahead. I do hope that you will be able to enjoy a peaceful holiday season.



Professor Lindsey Davies



New and revised guidance

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Authorisation of antiviral medicines

DH guidance has been updated to inform the NHS about the new Antiviral Authorisation Vouchers for children under one year of age issued in November 2009. This follows the European Commission decision to accept the advice of the European Medicines Evaluation Agency to change the recommended dose of Tamiflu (oseltamivir) for children under six months of age during an influenza pandemic outbreak.

These Antiviral Authorisation Vouchers include the new dosage regimen for Tamiflu and will ensure that children under one year of age get the recommended dose for their age and weight.

The new Antiviral Authorisation Vouchers are now being distributed directly to GPs, health clinics and out-of-hour services.

DH has also updated existing tools to reflect the changes. These include action cards (including stock tools) and national protocols for the authorisation and supply of Tamiflu during the pandemic. These have been sent out to SHA Flu Leads, SHA Flu Directors and SHA Pharmacy Leads for distribution.

The guidance can be found [here](#).

Please note:

As soon as the new Antiviral Authorisation Vouchers are received, pre-existing Antiviral Authorisation Vouchers (AVBU6 0809 and AVBO6 0809) must no longer be used and have to be securely destroyed in the presence of a suitable witness of appropriate seniority.



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The Pandemic Flu Guide for Environmental Health

The Chartered Institute of Environmental Health (CIEH) has produced guidance that explains how Environmental Health Practitioners (EHPs) can protect themselves, their colleagues and their families and prevent the spread of flu in the course of their daily work.

It covers areas such as personal protective equipment (PPE), environmental and hand hygiene and includes a risk assessment matrix, which provides a simple framework to help businesses assess possible control measures.

The guidance was developed by the CIEH in association with the Health Protection Agency and the Department of Health and is available on the CIEH website [here](#).

This guidance replaces Pandemic Flu: Guidance for Environmental Health Practitioners and provides specific information about the current pandemic.

Any queries on this guidance should be sent to Tina Garrity, Information and Communications Manager, Chartered Institute of Environmental Health, at info@cieh.org

Readers are advised to refer to the latest web-based information at all times.

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We are beginning to see the weekly numbers of cases decreasing significantly. While this is positive news, there are still a relatively high proportion of patients in hospital and critical care, and we are still seeing a number of deaths from swine flu.

We are also beginning to see increased pressure within the system, particularly on A&E and ambulance services. All organisations will need to continue to work together to ensure a whole-system approach to managing winter and pandemic flu pressures, responding flexibly to regional and local variation in demand.

Vaccination update

The first phase of delivery of the swine flu vaccination programme has been progressing well and I would like to thank everyone involved for their efforts so far. Completing the vaccination of all of the initial priority groups – public, and health and social care staff – remains our highest clinical priority. Once this is complete however, children aged over six months and under five years are to form the second phase of the swine flu vaccination programme. They are at higher risk of hospitalisation than other healthy age groups if they contract the infection. Unfortunately it did not prove possible to secure a national agreement on vaccination

of this group of children through GP practices, as you will have seen in my letter of 8 December to the NHS. Ministers therefore decided to ask PCTs to secure the delivery of the vaccine to children in this age group through local enhanced services (LESs) or other locally commissioned arrangements.

Really good progress has been made across the country to deliver the vaccination of young children. Discussions have been underway at local level throughout the last couple of weeks. We understand that more than two thirds of PCTs have now put arrangements into place and all other PCTs are reporting that they are



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close to finalising arrangements. The large majority of the campaign will be delivered by GPs. In some areas, this will be augmented by other NHS community staff. Vaccinating has already begun - both in areas where a deal is formally in place and reportedly across the country opportunistically where GPs have young children in their surgeries.

I am very grateful to local NHS managers and their GPs who have worked hard in the days since national negotiations with the BMA broke down to ensure that our children are protected.

Exercise Peak Practice

We have recently published the national summary report of Exercise Peak Practice. The report provides an overview of the ten regional whole system stress-testing exercises that all ten SHAs undertook, and documents high-level areas for further action. Exercise Peak Practice reaffirmed the extent and depth of planning that had already taken place in the NHS in readiness for a flu pandemic and demonstrated considerable leadership, commitment and planning undertaken by both clinical and managerial staff across the NHS.

This planning, together with our vaccination programme and a whole-system response to winter, will put us in the best possible position to respond to the challenges that may lie ahead.



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Social Care Condition (SocCon) reporting system – thank you

Due to the continuing reduction in new cases of swine flu, we have taken the decision to stand down the Social Care Condition (SocCon) reporting system. There will be no further collection of SocCon data making the returns on Wednesday 16 December the last required.

Thank you once again to all those local authorities whose reports built the national picture for social care resilience over the last few weeks. However, we feel that freeing up staff from reporting will allow them to focus their efforts on the ongoing vaccination programme and other winter pressures.

SocCon has proved that a national reporting system for social care

can be put in place and has helped raise the profile of social care in this pandemic. It has also given us a potential legacy reporting system to maintain quality of care and support in the future.

Exercise Prometheus and SocCon Feedback

There has been some very positive feedback on SocCon (the system that reports on pressures on social care services in England) and on Exercise Prometheus following its launch earlier this year. Exercise Prometheus is a Department of Health-funded exercise for the social care sector to assess and develop its resilience planning in readiness for a second wave of swine flu.

[Ray James](#) the Director of Health and Adult Social Care in Enfield said:

“Many people have worked really hard developing plans within their own organisations, but it is not until we tested putting these plans into practice that we really understood what still needed to be done to help our local community to be prepared as possible.”

“I would recommend Exercise Prometheus both as a very helpful and thought-provoking tool for people who plan, manage, commission and deliver health and social care services up and down the country.”

[Peter Hay](#) the Director of Health and Adult Social Care in Birmingham said:

“Participation in the SocCon trial presented some significant challenges for Birmingham, but has been an extremely valuable exercise.

(cont overleaf)



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We have a very large independent social care sector with over 2,000 providers of varying sizes and capacities. We engaged the Birmingham Care Development Agency, a partnership between the City Council and providers, on flu resilience very early. This clearly paid dividends.”

“The trial helped us not only to identify how we could do this but also gave us valuable wider learning about how we can cascade and communicate resilience messages across the social care sector, and an insight into some of the ways we can continue to improve resilience not just for flu but for any major challenge.”



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New 'excuses' radio campaign

Two new radio adverts are being aired themed 'excuses'. These are

aimed at those in the at risk groups who have yet to take up the offer of vaccination because they haven't found the time or feel that they don't need it.

They can be heard on commercial radio stations nationwide and are available for download on the swine flu campaign resources section of the DH website [here](#).

Vaccination campaign phase 2 - children over six months and under five years old

Following the Chief Medical Officer's announcement that children over six months and under five years will be offered the swine flu vaccine, a new campaign will launch in the new year, aimed at parents and those who are responsible for young children.

This phase of the programme will be delivered at a local level and as a result, DH has developed a toolkit to help local PCTs deliver local communications before January 2010.

Information available for NHS communicators can be downloaded from NHS Comms Link and includes:

- public information leaflet
- poster for display in GP surgeries
- poster and press ad template for local adaptation

SWINE FLU INFORMATION
www.direct.gov.uk/swineflu
0800 1 513 513

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All children **over six months and under five years** old are now being offered the swine flu vaccine. This will help protect them from swine flu and its possible complications.

If you have a child of this age, please speak to the receptionist about arranging a vaccination appointment.

Flu. Protect yourself and others.

NHS SCOTLAND GIG NHS DHSSPS NHS

Calls to this number are free from landlines. Calls from mobiles may vary please check with your provider.



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The peak of the disease has been moving eastwards across Europe, with some countries in Central and Eastern Europe struggling to cope with hospital cases and insufficient antivirals and vaccine.

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International assistance

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In a show of solidarity between EU Member States, at the recent EU Health Council, Gillian Merron and other Health Ministers expressed

support for the establishment of an EU virtual stockpile of medical countermeasures.

sell them to other Member States in urgent public health need. The UN is aiming to ship sufficient vaccine to cover the critical health workers in the poorest countries by February. We have donated £23m to the cause.

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This will enable EU Member States with a surplus of stocks to donate or

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Swine flu topped the agenda at the annual meeting of Ministers of the Global Health Security Initiative (the G7 countries plus Mexico) when it took place in early December. They met to discuss health security threats and swine flu dominated the discussions.

We compared vaccination and antiviral strategies and communications in countries, reviewing the many similarities, and reasons for the differences.

as well as learning for next time from each other's policies and practices on the ground. We all agreed that in the next months we need to address next year's seasonal flu vaccine, and how we deal with a dwindling virus and come out of the pandemic. Lessons learned are also being reviewed at an EU level.

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There is some interesting work ahead of us on lessons learned about how we worked together at a global level,



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As the pandemic progresses, the number of articles contributing to the scientific evidence base continues to increase.

Three articles describing patients hospitalised with pandemic influenza H1N1 in Australia^{1,2} and Canada³ have recently been published. These articles provide additional information on the risk factors and outcomes of these patients.

In addition, a short article summarising observational data on antiviral treatment for hospitalised patients has been published. It concluded that these data support the benefit of neuraminidase inhibitors (oseltamivir or zanamivir) in reducing complications, including deaths, among hospitalised patients with pandemic influenza H1N1⁴. The article also suggests that neuraminidase inhibitor treatment should be started as soon as possible for any hospitalised patient

presenting with influenza that is suspected or confirmed.

A further article⁵ summarised results from an online survey, which gathered data about risk perception during the first few days of widespread media coverage.

Lastly, an article⁶ supports the priority vaccination of high-risk groups and examines the case for extending the vaccination programme

Denholm JT, et al. Hospitalized adult patients with pandemic (H1N1) 2009 influenza in Melbourne, Australia. *MJA* 2010. 192.

[View article](#)

1

Chang YS, et al. Comparison of adult patients hospitalized with pandemic (H1N1) 2009 influenza and seasonal influenza during the “PROTECT” phase of the pandemic response. *MJA* 2010. 192.

[View article](#)

2

O’Riordan S, et al. Risk factors and outcomes among children admitted to hospital with pandemic H1N1 influenza. *CMAJ* 2009. DOI:10.1503/cmaj.091724.

[View abstract](#)

3

Uyeki T. Antiviral treatment for patients hospitalized with 2009 pandemic influenza A (H1N1). *N Engl J Med* 2009. 361:e110.

[View abstract](#)

4

Jones JH, et al. Early assessment of anxiety and behavioural response to novel swine-origin influenza A(H1N1). *PLoS ONE* 2009. 4(12): e8032.

[View abstract](#)

5

Donaldson L. et al. Mortality from pandemic A/H1N1 2009 influenza in England. *BMJ* 2009;339:b5213.

[View abstract](#)

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Dr Lindsey Davies moves to NHS London

Dr Lindsey Davies, National Director of Pandemic Influenza Preparedness, joined NHS London from 7 December as acting Regional Director of Public Health (RDPH). She will replace Dr Simon Tanner who is currently on a

period of long-term absence. We wish her well in her new and challenging role.

she will continue to provide advice and support to the Department and contribute to Pandemic Flu News.

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Lindsey has provided excellent leadership for the pandemic flu team and she will be greatly missed. She will, however, retain her role as Pandemic Flu Tsar in which capacity

Former Deputy Director of Pandemic Flu, Helen Shirley-Quirk, has become Interim Director, Pandemic Influenza Preparedness Programme following Lindsey's departure.

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New stakeholder group

A new Mental Health and Learning Disability Stakeholders Group for Swine Flu has been set up to share feedback from services on how they are dealing with the H1N1 pandemic.

challenges for services, reviewing service pressures and education and training needs for staff, looking at lessons learned so far and preparing for future pandemics.

some of the ongoing issues. They will also consider how to ensure the lessons learnt from the pandemic for mental health and learning disability services are shared widely and resilience strengthened further.

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The groups' aims include discussing business continuity planning and the

Following the first meeting, work is now being taken forward by the Pandemic Preparedness programme and NHS Resilience team to address