

Flu pandemic - joint advice

20th August 2009

As you will be aware, the Department of Health announced on 2 July that the UK was moving from the *containment* to the *treatment* phase of the swine flu pandemic.

In practical terms this means that:

- GPs can now diagnose swine flu on the basis of symptoms rather than waiting for laboratory tests
- contact tracing now ceases and antiviral drugs will no longer be given to people who may have been exposed to the virus
- however anyone who has contracted swine flu will continue to be offered antiviral drugs
- it is crucial that people with high risk e.g. chronic respiratory disease, people aged over 65 and children under 5 years old receive antiviral drugs as soon as they are infected - within 48 hours of the onset of symptoms - and GPs and hospitals are now geared up for this.

Likely Progression

Based on the analysis of the flu pandemics in 1958-59 and 1968-69, the evidence is that pandemics move around the world in two or three waves with increasing severity in each subsequent wave of the outbreak. There is also a risk of mutation as new waves affect different population groups.

Based purely on how these previous pandemics have behaved, it is possible that as many as 25-50% of the UK population could become infected by H1N1. In the 1958 pandemic, flu was first identified outside the UK in April, spreading to the UK in June before an explosion in numbers from the end of September.

It would be prudent therefore to expect a potentially similar surge following the return to school and work after summer holidays as people are more likely to gather indoors in confined spaces. So far H1N1 appears to be more contagious than “seasonal flu” partly because pre-existing immunity is low.

PCT Action

In England, the National Director for flu resilience, Ian Dalton, has instructed all PCTs and NHS Foundation Trusts formally to publish a statement of readiness on both surge and workforce issues by September and to call special board meetings to achieve this if necessary.

In the meantime PCTs are required to “stress test” their pandemic preparedness plans to ensure that services continue to be provided to both flu and non-flu patients as far as possible both now and during a second sustained wave of up to 5 months.

As part of this “readiness and stress testing” PCTs have been instructed to build on existing relationships with local partner agencies e.g. LOCs to ensure that their roles, channels of communication and ways of working during any second sustained wave are clear.

They should also have published a staff vaccination programme which includes the primary care sector.

LOC Action

If LOCs have not been approached by their PCT about this, they may wish to take the initiative and contact the PCT themselves. The aim would be to ensure that primary optical care is fully involved in the cascade and communications process – particularly about:

- public health measures being taken
- when and how optical staff are to be included in the NHS vaccination programmes
- how best to handle patients who present with flu
- how practices might be able to help in wider pandemic management (in return of course for appropriate remuneration).

Note:

The College of Optometrists advice on swine flu is available in their members’ only section of the College website. It contains a ‘model notice’ for patients, advising them on the precautions they ought to take, which you might find helpful in the case of a major surge this autumn.

http://www.college-optometrists.org/index.aspx/pcms/site.publication.Advisory_Documents_for_Members/displayAmount/5/page/2/

If you are unable to access the College advice, please contact your representative body.