

FLU PANDEMIC UPDATE as at 12:00 FRI 1st MAY 2009

The aim of this is not to expand the amount of things you have to read but to provide a pithy summary, as up to date as we can make it.

With effect from Thu 30 Apr we are now at WHO Alert Stage 5 (The same virus causing sustained community-level outbreaks in two or more countries in one region of the world (currently North America)). From that it is but a step to Stage 6 (which is the same, but in more than one region of the world). UK Alert Level 2 is in force, under which the virus is in UK, but isolated.

Incidence Locally. There are still no confirmed cases in Gloucestershire.

Antivirals. Antivirals are national stockpiles, and are adequate for the expected needs. They are being released according to national plans. Access to stocks held locally is through the HIC. Pandemics can come in waves, so although this first wave may prove to be small it could recur over the next few months with greater force, so the government is still setting up a full national flu line to coordinate the distribution of anti-virals. Because the national flu line has not been developed yet, and probably will not be ready until the autumn, the PCT will be issuing interim local procedures for the distribution of Tamiflu – likely to include a local flu line run by the PCT and/or NHS Direct. The aim will be to have over 40 distribution centres around the county based on public places such as libraries, not pharmacies or GP surgeries.

Control and Communications - Local. You should by now have received from the PCT their helpful Q&A sheet Version 2 e-mailed on Thursday:

- Clinical and administrative control of the situation is being conducted by the PCT from their Health Incident Control Room (HIC) at Sanger House now open from 08:00 to 18:00. Contact numbers are 08452 22 1991 and 08454 22 1993. The email address for the HIC is: GPCT.HIC@glos.nhs.uk. The HIC will be open between those hours over the bank holiday weekend but will not be going to 24 hour manning unless absolutely necessary.
- All approaches from the Press, Radio etc are being dealt with centrally by Anthony Dallimore who can be contacted directly on 08454 22 1508 or via the HIC. The public need to be reassured that everything is being done to contain the disease and treat it wherever it breaks out, and that the NHS in Gloucestershire is ready to do. This is best done by a central spokesman.
- Should you want to check something but lack the time to do so you can put the question to us and we will research it for you with the authorities if we don't already have the answer.

Communications – National. Patients can expect to receive the national mailing of warnings and what to do on the Tuesday or Wednesday after the bank holiday.

Home Visits to Carry out Nasal Swabbing. Nasal and throat swabbing is planned to be conducted by Public Health staff while numbers affected are small but there may be a period while the pandemic is growing that GPs or nurses will be asked to carry out swabs. This is essential data gathering which is necessary for epidemiological research. We can only beat it if we know what we are up against. The PCT has issued instructions on how to carry out this task if required, which you should have, but a copy is available from the LMC if you need it. If the pandemic gets into full swing swabbing will no longer be necessary!

PPE. The equipment needed (personal protective equipment such as masks and gloves) are on order by the PCT and will be distributed when received.

Mutual Support. We are not in a serious situation yet, and depending on the virulence of the virus (as yet uncertain) we may never be. It would be sensible, however, to prepare your plans to help each other out at practice level ('buddying') and we have had returns from many of you; thank you. For those who have not yet let us know your mutual support intentions, please do.

SUMMARY

Now is the time to get flexible plans in place, to keep calm and to let professionalism shine out. The UK population will be looking to doctors and their staff more than ever in the next few weeks and months.

[Signed on the original]

Mike Forster
Lay Secretary

Useful References:

The HPA have amended the algorithm P5 for post exposure prophylaxis (version dated 1st May 2009 at 07.00).

http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1240986160584

Main changes to previous algorithm relate to;

- Definition of when PEP is indicated
- More specific information relating to categories of contacts (boxes 1 to 7)
- Changes to actions to be undertaken if action is indicated
- Changes to actions when contacts become unwell themselves
- Change to footnotes relating PPE and treatment doses/medication

The current algorithm for the management of returning travellers and visitors is S5 (version dated 30 April 2009 at 10.00)

http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1240732819361

Additional info on standard practical advice for investigating individuals with possible swine influenza infection

http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1241048770758

new document for GPs and other HPs, based on rationale that we do not have transmission of swine influenza A within the UK

Swine flu case definition

http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1241048739571

PCT advises looking at the HPA website regularly to be kept up to date on current versions of algorithms

<http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1240732817665?p=1240732817665>