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Viewpoint

Professor Lindsey Davies, National Director of Pandemic Influenza Preparedness, introduces the latest news and highlights planning priorities.

Welcome to the latest issue of Pandemic Flu News. Another very busy month has gone by and I'm happy to report that preparedness plans are making strong progress across the country.

One of the main aims for this year is practical implementation and the key to achieving this is integrated working. The importance of joined-up planning locally cannot be overestimated and this is likely to remain a common theme over the next few months.

Turning to the current issue of Flu News, there are plenty of positive developments to discuss. Antiviral access for children will now be much easier following the development of a new capsule format for oseltamivir and guidance on the appropriate dosage is also available [page 2]. Progress towards integrated working can

already be seen in relation to the NHS and social care. We are hoping to build on this throughout the year by increasing awareness of pandemic flu preparedness through a high profile national conference and some practical tools [page 3].

I'm very encouraged by developments with Flu Line [pages 4-5], and I would like to take this opportunity to offer my particular thanks to all the clinicians who have offered advice on how diagnosis will work in practice.

Regarding international news [page 9], I recently attended the second meeting of the Health Security Committee in Luxembourg, which offered a valuable opportunity to share thoughts and common problems with representatives from all the EU countries.

My team and I have also spent some very worthwhile time working with colleagues in France and we hope to develop this relationship further over time.

Planning for the National Workshop in June is now well underway. We have two main speakers booked and a wide variety of workshop sessions are being developed. Full details about the event and information on how to get involved will feature in next month's issue of Flu News.

If you have any comments or queries regarding any aspect of your planning process, please contact me at pandemicflu@dh.gsi.gov.uk

Lindsey Davies

Professor Lindsey Davies



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Keeping up to date

As policy develops, we will alert you to any changes to the National Framework via Flu News. The full details will be posted on the website.

At-a-glance

- Oseltamivir – change in dosage guidance
- capsules now available for children aged one to seven

In the event of a pandemic, oseltamivir will now be available in capsules for children aged one to seven.

Paragraphs 7.4 of the National Framework and 6.1.2 of the accompanying guidance for PCTs and primary care professionals set out existing arrangements for access to antiviral medicines for children under seven years of age (weighing approximately 23 kg and under). These arrangements are

based on the manufacture of oseltamivir solution – reconstituted from oseltamivir phosphate – in pre-determined licensed hospital pharmacies, developed in the absence of capsules suitable for children under seven years of age.

The Department of Health (DH) has recently arranged with Roche, the manufacturer of oseltamivir, to convert its existing stocks of oseltamivir phosphate powder into capsules, following the license variation for 30mg and 45mg capsules being granted to Roche by the Licensing Authority.

Revised dosage guidance based on capsules is set out below:

- aged one year and over but under

- three (body weight up to and including 15kg) – two x 30mg capsules every 12 hours for five days
- aged three years and over but under seven (body weight over 15 kg and up to 23kg) – two x 45mg capsules every 12 hours for five days
- aged seven years and over (body weight 24kg and above) – adult dose of two x 75mg capsules every 12 hours for five days.

Oseltamivir is not licensed for use in children under one and any decision to administer the drug to this age group requires expert clinical judgment, including assessment by a GP or hospital emergency department. The recommended dose will depend on weight.

DH will continue to work with hospital pharmacy colleagues to ensure that children under one will be able to access the oseltamivir solution easily.



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Raising the profile of pandemic flu in social care

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At-a-glance

- self-assessment tool in development
- key conference will include pandemic flu
- workshops planned

Engagement with social care continues with best practice workshops, the development of a self-assessment tool and a session at the key, annual social care conference.

Major conference features pandemic flu

This year's National Children and Adult Services Conference, being held in Liverpool on 22 October, will feature pandemic flu.

A joint session entitled Pandemic Flu, Facing It Together will be run by the Association of Directors of Adult Social Services (ADASS) and DH. This is the major annual conference for social care providers

and commissioners and the session will provide an important opportunity to highlight the challenges faced by social care and its many partners.

Best practice workshops

Previous issues of Flu News have mentioned the social care training pack. This will include tools and frameworks to help local authority staff working in social care build robust plans. The plans need to recognise the essential role of social care's partners and providers, and the pack will contain guidance, in terms of roles and responsibilities, to support the necessary arrangements for working together.

To ensure the pack accurately reflects the needs of those who will be using it and that it highlights best practice, a series of workshops are

planned. They will look at workforce planning, induction information for staff, managing assessment and admissions. If you would like to be involved please email either Simon Cole or Ian Summerscales at pandemicflu@dh.gsi.gov.uk

Self-assessment tool

The complexities of the social care market make testing plans a significant challenge. A self-assessment tool is being developed to address this. The tool will test the effectiveness of joint plans and protocols that will be used in the event of a pandemic.

Information on current preparedness for pandemic flu in social care will inform this work and well-developed plans from local authorities, private and voluntary providers would be particularly useful. Copies can be sent to Simon Cole or Ian Summerscales at pandemicflu@dh.gsi.gov.uk



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Distribution of antivirals: plans on course

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At-a-glance

- IT tool to manage the supply of antivirals
- communicating developments to PCTs

The development of two key elements of the antiviral distribution strategy – Flu Line and the stock management system – continue to run to schedule.

The Invitation To Tender for the technical design of Flu Line went out at the end of March with a decision on a supplier due in May. And a proof of concept for the stock management system is now ready to be tested with PCTs.

Stock management

An IT tool to manage the supply of antivirals from the national stockpile to the point of use (antiviral collection points and other points of use) with minimum manual interventions is being developed.

There will be heavy demands on local primary care services during a pandemic and this system is intended to help reduce the burden of demand by keeping the collection points automatically replenished as far as possible.

Elements of the IT system include:

- management of the antiviral stockpile
- transparency of the antiviral stockpile – enabling PCTs and others to keep track of local availability
- automatic re-ordering system – manual ordering will only need to take place when orders are below or above the expected (pre-defined) ordering levels
- monitoring and generation of reports – including generation of datasets for SITREP reports
- links to relevant components, such as Flu Line.

If you are a PCT lead for pandemic flu and would like to be involved in testing the proof of concept stock management system email pandemicflu@dh.gsi.gov.uk

Flu Line

The Invitation To Tender for the technical design and build for Flu Line was issued at the end of March and the supplier will be appointed in May. Call centre agreements with selected organisations will be in place later in the year to ensure that appropriate resources are identified and maintained.

A minimum specification of Flu Line will be in place initially, which will provide the following functions:

- round the clock access to Flu Line call centre agents, as well as web and automated telephony
- identity checks for UK nationals using their NHS (in Scotland CHI) number
- identity checks for foreign nationals using their passport number
- Flu Line Express – this will



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enable certain local healthcare professionals to authorise antivirals to patients who have not been able to access Flu Line because of their vulnerable status

- use of caller postcode to determine preferred local collection point and stock availability
- Welsh language support online.

When testing of this version is complete, a 'second phase' Flu Line will be developed, which will include consideration of the following:

- additional data to check a caller's identity
- increased integration with existing primary care systems supporting triage
- extended Flu Line Express
- automated support for complaints management
- PCT-specific messages to callers
- increased language capabilities for

- web and automated telephony
- voice recognition for capturing certain data in automated telephony
- text messaging to send authorisation codes to a mobile phone
- support for multiple authorisations during one initial contact
- support for authorisation of alternative antivirals and medicines.

Engagement with PCTs

Regular meetings with PCTs are being used to test developments with the antiviral distribution strategy, including both Flu Line and the stock management system. Updates on progress will feature in future issues of Flu News.

The NHS Direct team is also attending regional SHA pandemic flu meetings to update local flu leads and get feedback on Flu Line. These have been useful in identifying issues, particularly with regard to the interface between Flu Line and primary care.

Definition of key terms

- **Collection point:** the location/s from which the Flu Friend (of a symptomatic patient) can collect antiviral medicines (replaces the term distribution point).
- **Other point of use:** a service, such as a hospital, that requires its own stockpile of antivirals to issue directly to symptomatic patients.
- **Flu Friend:** a friend, relative, carer or helper who may be able to provide assistance and support to symptomatic patients during the pandemic – in particular, a trusted person who is able to collect relevant medicines.



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At-a-glance

- findings published on public engagement research
- next steps identified

The public engagement research is now complete and a report is in preparation. Key findings are summarised here and they will be used to refine the communications and implementation strategy for the National Framework for Responding to an Influenza Pandemic.

How was the research carried out?

Full details of the methodology were given in February's Flu News so this is a brief reminder. Five full-day workshops, of 50 people, were held in February and March. People were divided into groups and then 'lived through' the different pandemic scenarios developed for the programme.

These were bought to life using role play exercises and news injects. Interactive keypad voting and group discussions were used to capture people's responses to the scenarios. In parallel, a series of 12 interviews were conducted with hard to reach groups likely to have special requirements in the event of a pandemic.

The research looked at responses, including how the public would or would not cooperate, according to the different World Health Organization phases of a pandemic. Some of the key points to emerge from each phase are outlined below.

Phase Three

Concern about pandemic flu at this stage is very low, which means that people are unlikely to engage with general communications on a large scale.

The at-risk groups are an exception to this and they require more reassurance.

Trusted information sources for the public as a whole include GPs, friends, family, word of mouth, and local hospitals and health authorities. The Government is not regarded as a trusted source of information on health issues at this stage. In general, people expect strong but calm leadership from the authorities at this early stage.

Phase Four

Concern is slightly heightened at Phase Four but overall public concern remains low.

Evidence suggests that there would be sufficient demand for public meetings at this stage, at least for those most anxious for information.



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A consistent demand is for the Government to start to take a more prominent, cross-party, cross-institutional leadership role to ensure consistency and common purpose.

The role of GPs as communicators will be critical at this stage for those with heightened anxiety (especially more vulnerable individuals) seeking personalised advice and reassurance. To ensure credibility it will be very important for messages from GPs to be consistent with those from the Government.

Phase Five

Concern notably increases at this level of alert. The public demand for information is strong, and many people feel that the tested communications (a national leaflet in tandem with a TV advert) do not go far enough to explain pandemic flu.

Some people also want localised affirmation of national messages, such as confirmation that local

services are prepared.

There is a general sentiment that information is either being withheld or is insufficient considering the severity of the disease. This may prompt people not to cooperate with advice as they may feel they need to fend for themselves if they are not being given sufficient information. The level of cooperation will depend on the virulence of the disease and whether or not people understand why the advice is being given. They are not convinced by the value of 'simply' washing their hands and maintaining good respiratory hygiene.

Phase Six

The public's perception is that pandemic flu becomes 'real' and 'scary' when it hits Europe, but not before. There is likely to be a difficult transition in public expectation from Phases Three and Four to Phase Six. People will shift from expecting a

'parental' role from Government/health authorities at the earlier stages to realising that authorities will in fact have limited scope to act in a pandemic, and that basic hygiene and personal responsibility is the best defence. Fostering this transition from dependency to self-reliance will be a key challenge for communicators and planners.

Findings don't suggest a high level of anticipated stoicism or compliance unless forced by circumstances. Most people say that they will try to follow Government advice but will 'put their family/household first', even if this involves not following advice.

There are also some paradoxes to consider. Older people say they will be compliant but are also the group most determined to see their GP under any circumstances, even when this goes against Government advice. Young people are unlikely to listen to public



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health messages but they're also unlikely to panic unduly tending to perceive themselves as invulnerable.

Access to antivirals is likely to be a major trigger in terms of compliance: people doubt their fellow citizens will follow advice and that authorities will be able to control distribution.

Additional findings at this stage include:

- most people have a low threshold in terms of waiting to get through to Flu Line
- many key workers (teachers, health workers) would stay off work to avoid taking infections home to their children
- protecting your children is a key driver of non-compliance.

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Next steps

The public engagement exercise has provided a base for further work. The public health messages will be revised and tested alongside preferred channels/trusted sources. Further research will also be done around compliance with Flu Line.

Results will be available in May 2008 and used to inform pandemic flu planning and to develop a fully integrated communications strategy.

If you would like a hard copy of the public engagement research findings [email pandemicflu@dh.gsi.gov.uk](mailto:pandemicflu@dh.gsi.gov.uk)

New guidance for infection control in critical care

Detailed guidance to help critical care units plan and conduct their pandemic response is now available. This new information is an adjunct to 'Pandemic influenza: Guidance for infection control in hospitals and primary care settings' (2007) and includes additional recommendations around aerosol-generating procedures and equipment commonly used in critical care units. It also addresses training issues.

Links and Info
[View website](#)



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At-a-glance

- WHO virus sharing discussions resumed
- comparing national strategies with France

Virus sharing

WHO influenza virus sharing discussions resumed in April. This involved a working group agreeing principles on safety, research accreditation, the creation of an advisory/oversight group and a new tracking system for viruses. The meeting encouraged WHO to progress work on setting up the H5N1 stockpile. A final meeting is planned for November.

Planning

National Director of Pandemic Influenza Preparedness Lindsey Davies attended a Health Security Committee meeting in Luxembourg to discuss common planning issues in Europe and the merits of running

an EU questionnaire on planning policies. The UK also met with France to compare national strategies and the reasons behind them. France has the EU Presidency in the second half of 2008 and the UK is helping plan its Ministerial Informal on the management of health security threats in Europe, in particular examining communication and coordination issues, and the role of the European Commission. France is also hosting a 'Eurogrippe' technical meeting in September.

Other meetings in May include a consultation on WHO planning guidance and a workshop in Washington involving the G7 countries and Mexico to discuss borders and associated issues. There will also be a workshop next month with international colleagues, to help the UK plan its three to five-year international pandemic flu strategy.



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Probable person-to-person transmission of H5N1 virus in China

A report in the Lancet describes a case of probable person-to-person transmission of H5N1 virus in a family cluster. A 24-year-old died and the condition of his 52-year-old father continued to worsen in spite of early antiviral treatment (double dose of Tamiflu). Improvements set in shortly after a post-vaccination plasma transfusion from a participant in an H5N1 vaccine trial, which implies that passive immunity may have been important. The report notes that most H5N1 case clusters – like the Chinese one – have involved blood relatives, suggesting the possibility of some genetic susceptibility to the virus.

Wang, H. et al. Probable limited person-to-person transmission of highly pathogenic avian influenza A (H5N1) virus in China. The Lancet. Published online April 8, 2008. DOI:10.1016/

S0140-6736(08)60493-6
A commentary on this article is available and the European Centre for Disease Prevention and Control (ECDC) has also produced a general assessment of concerns raised by the occasional reporting of human to human transmission.

Links and Info

[View article](#)

[View commentary](#)

[View ECDC general assessment](#)

Estimating the impact of school closure on influenza transmission

The joint analysis of surveillance data and school holiday timing in France has been used to quantify the role of schools in influenza epidemics. This analysis has demonstrated that school holidays prevent 16-18 percent of seasonal influenza cases (18-21 percent in children). The authors

of this article extrapolated the results to a pandemic situation and found that prolonged school closure might reduce the cumulative number of cases by 13-17 percent (18-23 percent in children) and peak attack rates by up to 39-45 percent (47-52 percent in children). It is stressed that if low contact rates among children can not be maintained during the period of school closures the impact of this intervention will be reduced. The report notes that although school closures could have an impact their implementation has a high social and economic effect.

Cauchemez, Simon; Valleron, Alain-Jacques; Boelle, Pierre-Yves; Flahault, Antoine, and Ferguson, Neil M. Estimating the impact of school closure on influenza transmission from Sentinel data 2008; 452(7188):750-754.

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Quantifying the hand-to-face contact rate and its potential application to predicting respiratory tract infection

A substantial portion of human respiratory tract infection is thought to be transmitted via contaminated hand contact with the mouth, eyes and/or nostrils. The authors of this article videotaped 10 subjects performing office work in isolation from others and found the average number of contacts to the eyes, nostrils and lips each hour was approximately 15. A model was then developed to estimate the dose of pathogens transferred to these areas during a defined exposure period. The paper presents a hypothetical but plausible example of influenza A virus transmission in a residential bedroom of a sick family member. Although an interesting article with qualitative findings there is still a lack of essential data such as transmission occurrence via contact routes, survival times of infectious

influenza virus on different surfaces and necessary virus levels for infection to be established per exposure routes.

Nicas, Mark and Best, Daniel. A Study Quantifying the Hand-to-Face Contact Rate and Its Potential Application to Predicting Respiratory Tract Infection. *Journal of Occupational and Environmental Hygiene*. 2008; 5(6):347-352; ISSN: 1545-9624.

Links and Info
[View study](#)

Reducing antibiotic use in influenza: challenges and rewards

The widespread use of antibiotics is a primary factor in the increase of antibiotic resistance. Recent surveys suggest that the proportion of patients with influenza-like illnesses who receive antibiotics is at least double the actual incidence of infections for which the treatment is intended. The

authors of this article encourage the use of antiviral drugs, in particular neuraminidase inhibitors, to treat influenza and thereby reduce the incidence of complications and associated antibiotic use. This could have a significant effect on antimicrobial use and resistance. The Department of Health is running a campaign to educate the public on the prudent use of antibiotics, reflecting the view in the article. However, the use of antivirals to treat seasonal influenza is only recommended for adults at increased risk of the complications of influenza. The National Institute for Health and Clinical Excellence has recommended that these drugs should be made available only when influenza is circulating, to ensure that they are used appropriately.

Low D. Reducing antibiotic use in influenza: challenges and rewards. *Clin Microbiol Infect*. 2008 Apr;14(4):298-306.

Links and Info
[View article](#)