

MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	20 SEPTEMBER 2010
TITLE OF REPORT:	HEREFORDSHIRE SWINE FLU (H1N1) REPORT
REPORT BY:	DIRECTOR OF QUALITY AND CLINICAL LEADERSHIP

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To provide assurance that the response to the Flu Pandemic (H1N1, 2009) in Herefordshire was appropriate, timely and proportionate.

Recommendation

THAT: the report be noted, subject to any comments the Committee wishes to make

Introduction and Background

1. The attached timeline (Appendix 1) tracks Herefordshire's response in line with national and regional responses.
2. The first case of the disease was notified in Mexico in April 2009 and the World Health Organisation (WHO) finally announced on the 10th August 2010 that the H1N1 flu pandemic has come to a halt.
3. During the period April 2009 to August 2010, there has been and will continue to be systems and processes in place to ensure that we have a measured response to the pandemic in Herefordshire.
4. There are clear guidelines developed by the World Health Organisation (WHO) with regards the response and therefore the management of Flu pandemics. The UK has adopted the WHO guidelines to ensure there is a consistent approach in the UK through the National Response Strategy. This report examines the response by Herefordshire in line with the implementation of the strategy.

Further information on the subject of this report is available from
Sue Doheny (Director of Quality and Clinical Leadership) on (01432) 383466

RESPONSE TO THE PANDEMIC IN THE UK

National Response strategy

5. During the pandemic phase all areas of the UK were required to:
 - i Activate emergency command and control arrangements
 - ii Finalise local pandemic flu plans and
 - iii Commence training of staff for new roles

6. The UK Pandemic Flu alert levels (as below) guided the level and range of response activities throughout the country and in Herefordshire.
 - UK Level 0 No cases in the UK
 - UK Level 1 Sporadic Cases in the UK
 - UK Level 2 Outbreaks in the UK
 - UK Level 3 Sustained spread in the UK
 - UK Level 4 Widespread cases in the UK

7. The stepwise approach mounted in response to the pandemic had three main phases; these were the containment, treatment and vaccination phases.

Containment Phase

8. The first case reported in the UK was 27th April 2009. At this stage the UK was in a containment phase and as such the strategy was around containment of the virus. Local public health teams across the country were leading on the investigation of individual cases and providing antiviral agents only when laboratory confirmation was received.

9. This was the approach taken in Herefordshire too. It is clear from the attached timeline (see Appendix 1) that there was a very rapid response locally to this initial phase and preparation for further phases was also instigated. A command and control structure was instituted to manage local response during the containment phase.

10. As well as Silver Command there were regular teleconferences conveyed by the West Mercia Local Health Resilience. There were daily meetings of the Public Health Implementation Team (PHIT).

11. There was significant national media interest at this stage and therefore the communication strategy was crucial. The adoption of a single point of access, in Herefordshire, for information and advice was a significant part of the strategy. This was adopted regionally at a later date as it was acknowledged as best practice.

Treatment Phase

12. On the 2nd July 2009 the rapid increase in the number of cases in the UK led the Secretary of State for Health to announce a movement from containment to treatment of flu cases without laboratory confirmation or further public health investigation. The implementation of this became a nationally and regionally driven process rather than

through local public health teams.

13. The National Flu line was commenced and this had an immediate effect on the local GP population. The numbers attending surgeries diminished with immediate effect.
14. The local response to the distribution of anti viral agents was to use local pharmacies rather than put pressure on local surgeries and other health facilities. This approach originally challenged by the regional team proved to be a very successful operation that resulted in effective local engagement and response to the outbreak.

Vaccination

15. A national directive for vaccination to commence was issued in July 2009 for identified groups. However, there was some delay in the availability of vaccines and distribution was staggered across the country. A comprehensive programme of vaccinating vulnerable groups and key staff was initiated locally in Herefordshire in early August 2009 as soon as vaccines were received locally.
16. The local programme involved a comprehensive training programme, large scale storage and distribution plan and comprehensive liaison with the wider workforce throughout Herefordshire.
17. Nationally vaccines for the general population were first delivered in September 2009. Herefordshire received its first vaccines on 30th October 2009. There were some key lines of communication required at this stage to ensure that the local population were kept informed of the local situation and the proposed plans for delivery and administration of the vaccine.

National Flu Line

18. The national flu line which was instrumental to successful delivery of the treatment phase was stood down in February 2010. The anti viral distribution was stopped in April 2010. Locally, liaison with local pharmacies and GPs was required to ensure that any requirement for anti virals was forthcoming in line with the continued pandemic.

LOCAL PREVALENCE OF H1N1 – NUMBER OF CASES

19. The exact numbers of confirmed cases in Herefordshire of the H1N1 virus is uncertain. This is due to the fact that following the move from the containment phase to the treatment phase no cases were being confirmed and so no definitive numbers are known. The following table does however describe the number of people in Herefordshire that accessed the National Flu line, the number that were then given access to anti viral medication as a result and those that actually collected the anti viral medication.

National Flu Line Assessments completed	Anti-viral Unique Reference Numbers (URN) issued	Anti viral collected
7154	5313 (74%)	3759 (70% of issued URN; 52% of all assessments)

LEARNING OUTCOMES

20. In May 2010 a comprehensive questionnaire was prepared and distributed to key stakeholders involved in the response to the flu pandemic in Herefordshire. The purpose of the questionnaire was to establish any learning opportunities and to ensure preparation of flu plans going forward could be evidence based from a local perspective. A copy of the executive summary is attached for information (see Appendix 2).

CONCLUSION

21. Herefordshire public services, in totality, worked well together to ensure a robust and proportionate response to the flu pandemic. Although the prevalence seen locally was not the same as other areas in the UK the impact was significant on services at times. The pandemic flu plans, including business continuity, have been tested in a live environment and are in the main now considered to be fit for purpose.

Appendices

Appendix 1 – Swine Flu Timeline Hereford Key Activities

Appendix 2 – Herefordshire Swine Flu Debrief Report – Executive Summary

Background Papers

- None identified.