



RoodlaneMedical

## H1N1 (“Swine Flu”)

Update 2<sup>nd</sup> June 2009

### **The Global Situation**

The total number of confirmed cases in the UK currently stands at 278. Globally there are now in excess of 14,000 confirmed cases and 96 deaths. Canada has seen 921 cases (1 death), Japan 350 (no fatalities), Mexico 4,174 (80 deaths), Spain 136 (0), US nearly 8,000 cases with 11 deaths. States most affected include Wisconsin, Texas, Illinois, Arizona and California, with both Washington D.C. and New York City having higher numbers of cases.

### **Are we in a Pandemic and what does that mean?**

Although novel H1N1 is now present in many countries across the globe, its transmission has been effectively contained by public health measures such as case isolation and the use of antivirals. This is in spite of the fact that H1N1 appears to be more contagious than seasonal influenza. In seasonal flu, about 5% to 15% of those who come into contact with a sufferer will go on to get flu themselves. For H1N1 this figure is 25% to 33%.

It is likely, therefore, that we are in the early stages of a pandemic situation. For countries in the Northern hemisphere it is likely that case numbers will increase significantly as we move into winter.

### **The illness appears mild so does it matter if there is a pandemic?**

With the exception of the outbreak in Mexico, which is still not fully understood, the H1N1 virus tends to cause mild illness in otherwise healthy people. It also seems to affect children and young adults disproportionately. Outside of Mexico, nearly all cases of severe illness, and all deaths, have been detected in people with underlying medical conditions like diabetes and long standing respiratory problems such as asthma and bronchitis. It is, however, too early to be sure that this will be the pattern of H1N1 in the future. Scientists are concerned about possible changes that could take place as the virus spreads to the southern hemisphere and encounters currently circulating human viruses as the normal influenza season in that hemisphere begins.

Even if the virus continues to behave as it is currently, the occurrence of large numbers of people falling ill at or around the same time is one reason why pandemics are socially and economically disruptive, with a potential to temporarily overburden health services.

*The impact on businesses and public services could be very great. We would, therefore, strongly reiterate advice in previous bulletins that companies should have robust continuity plans in place, which include adequate technology to allow remote working.*

## **What can we expect to happen over the coming months?**

What we know is that pandemics have a tendency to travel around the globe in at least two, sometimes three, waves. The severity of subsequent waves can differ dramatically from earlier waves.

Different patterns of spread can also influence the severity of subsequent waves. For example, if schoolchildren are mainly affected in the first wave, the elderly can bear the brunt of illness during the second wave, with higher mortality seen because of the greater vulnerability of elderly people.

During the previous century, the 1918 pandemic began as a mild infection and returned, within six months, in a much more dangerous form. The pandemic that began in 1957 was initially mild, and also returned in a more severe form. The 1968 pandemic began relatively mildly, with sporadic cases prior to the first wave, and remained mild in its second wave in most, but not all, countries.

Over the coming months we can, therefore, anticipate continued low levels of transmission in the summer months due to continued public health measures and environmental conditions which do not favour spread of the virus. As we go into winter, and generally after Christmas, we might expect increased numbers of cases. The pattern of infection may then be affected by vaccination (see below).

## **How can businesses best prepare for increased H1N1 transmission?**

*We suggest that you consider the following points:*

- Ensure that you have adequate continuity planning in the event that large numbers of staff become ill or are not able to travel to the office because they have symptoms.
- Ensure that you have clear policies on when staff should and should not attend the office because they pose an infection risk to others. This is particularly important with infection transmission rates of 30% or greater.
- Consider how you will manage and track absence in the event that large numbers of staff fall ill.
- Consider vaccination of staff. It is estimated that novel H1N1 vaccine will be available by December 2009. Staff should then have access to the vaccine through NHS sources. You may consider offering vaccination to staff on site as this may be both economically and practically less disruptive to your business.
- When antiviral stocks become available once more\*, you may consider holding a small supply for travellers or other specific groups of personnel.

## **Roodlane is able to provide expert advice in the following areas:**

- Advice to your Executive as part of continuity planning
- Comprehensive Absence Tracking solutions
- Guidance on infection control, quarantining and safe return to work
- Clinical assessment of personnel where appropriate
- Procurement and storage of antivirals and policies for use\*
- Seasonal and pandemic vaccination campaigns

*\*Tamiflu will not be available for general sale until Roche has completed government orders. Roche is currently unable to say when that will be. In the meantime, they will place any order requests on a waiting list.*

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