

From the Chief Medical Officer
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Department of

Health, Social Services and Public Safety

www.dhsspsni.gov.uk

AN ROINN

Sláinte, Seirbhísí Sóisialta
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URGENT COMMUNICATION

HSS(MD) 29/2009

Chief Executive, HSC Board
Chief Executive, Public Health Agency
Chief Executives, HSC Trusts
Director of Public Health, Public Health Agency
*(for onward distribution to Consultants in Communicable
Disease Control, Regional Epidemiologists, Public Health
Doctors)*
Director of Nursing, Public Health Agency
Family Practitioner Service Leads, HSC Board
(for cascade to Out of Hours centres)
GP Medical Advisers, HSC Board
Medical Directors, HSC Trusts
*(for onward distribution to, A& E doctors, ID Physicians,
Microbiologists, Virologists, Consultant Physicians).*
Medical Director, NI Ambulance Service
Nursing Directors, HSC Trusts
All General Practitioners
*(for onward distribution to practice staff including practice
nurses)*
PHA EOC

Dear Colleague

SWINE FLU - MOVE FROM CONTAINMENT TO TREATMENT

Dear Colleague

I am writing to update you on **immediate** changes in the UK response to the management of A/H1N1 swine flu pandemic and the implications of these changes for HSC in Northern Ireland.

Summary of the changes

- Northern Ireland is moving from containment to treatment in line with the rest of the UK;
- Contact tracing and prophylaxis will stop;
- Swabbing of possible cases is not required (except as agreed for surveillance purposes);
- Swabbing of hospitalised cases will continue as outlined in the CMO letter (HSS(MD) 24/2009);
- Clinicians will assess patients and may decide to offer antivirals on the basis of the clinical diagnosis;
- Antivirals should be given to symptomatic patients in the 'at risk' groups, ideally **within 48 hours** of onset of symptoms (see Appendix A);
- Antivirals may be given to patients with symptoms compatible with a diagnosis of swine flu, at the clinical discretion of the clinician.

Background

On 2 July 2009, Ministers from the four UK countries agreed that management of A/H1N1 swine flu pandemic should move to the treatment phase across the UK. The key implications of this change are summarised above.

Benefits of the approach to date

Since the A(H1N1) swine flu outbreak (later a pandemic) started in April 2009, the approach across the UK has been one of containment or slowing spread of the virus. In addition to individual and population benefits, this has bought valuable time to collect vital epidemiological data about the virus and its effects. So far, swine flu appears to be generally mild, but in a few people may be more severe.

Slowing spread has also allowed pandemic vaccine production to begin and a vaccination programme is planned for the autumn, beginning with those most at risk, but ultimately covering the whole population. Additional supplies of antivirals have been obtained and issued to Community Pharmacies and Trusts. Health Service Organisations, the voluntary and community sector and other non-health organisations have had valuable time for planning and coordinating their response. Fortunately, many generic pandemic influenza plans were already in place and could be tailored to the specific swine flu situation. All these factors leave us better prepared for an expected increase in the number of cases in late August/early September.

However, this approach has been extremely labour intensive and I want to acknowledge the sterling efforts of large numbers of staff across Health and Social Care who gave above and beyond what might be expected in order to tackle this outbreak.

Next steps

We have always known that we would be unable to contain the virus indefinitely. Many areas of England and Scotland have already seen a rapid increase in cases and established community spread of infection. Although this has not occurred to the same extent as yet in Northern Ireland and Wales, there is no reason to expect this not to happen.

However, it is important to stress that we are still in an evolving situation, with many unknowns. Decisions will be kept under review and plans may need to be amended in light of emerging epidemiology and any change to the characteristics of the virus and the disease that it causes.

Now that we are moving from containment to treatment it is important to consider the implications of this decision in the context of Northern Ireland.

Implications for Primary Care

GPs in Northern Ireland will now be able to assess their patients and prescribe antivirals for treatment if swine flu is clinically diagnosed. **Prior approval and authorisation from the Public Health Agency is no longer required.** At this stage, antivirals will be supplied through the Community Pharmacy network using the normal prescription mechanism.

Antiviral treatment is especially recommended for those in the at risk groups, as identified by the Advisory Group on Emergencies (SAGE). These groups are listed in Appendix A. It is important to ensure that symptomatic patients in these risk groups have priority access to antivirals, ideally within 48 hours of onset of symptoms.

Antivirals may also be offered to patients with symptoms compatible with a diagnosis of swine flu who are not in risk groups, but for whom the GP decides that treatment is clinically indicated. Doctors are likely to be contacted by patients with coughs, colds and the worried well in addition to those with flu-like symptoms.

Routine swabbing of patients with possible swine flu is no longer required if presenting in the community, although arrangements will be put in place to take swabs from a sample of the population for surveillance purposes. Patients who are already hospitalised will continue to be managed in line with the CMO letter HSS(MD) 24/2009, which can be accessed at <http://www.dhsspsni.gov.uk/hss-md-24-2009.pdf>.

Implications for the Public Health Agency Emergency Operations Centre

Staff at the Public Health Agency Emergency Operations Centre have been working to contain spread of infection since the outbreak began. In addition to providing advice to professionals and the public, much time has been spent on arranging testing and treatment for possible cases of disease, followed by intensive contact tracing and prophylaxis for contacts of confirmed cases. **Contact tracing and prophylaxis will stop with immediate effect.**

However, staff in the Public Health Agency EOC continue to have a vital role in providing professional advice to GPs, A&E staff and other clinicians, particularly at this time of change while staff become aware of and familiar with the revised arrangements. Future plans will be reviewed once this transition has taken effect.

Implications for the public

The message to the public remains the same. If you have symptoms of flu, stay at home and telephone your GP. Do not go directly to the GP surgery or A&E department without telephoning first.

Everyone should help to protect themselves and others at this time by following good respiratory hygiene practice. This has been contained in the earlier swine flu leaflet and will be repeated in future communications.

Key messages are:

- Always carry tissues.
- Use clean tissues to cover your mouth and nose when you cough and sneeze.
- Bin the tissues after one use.
- Wash your hands with soap and hot water or a sanitiser gel often.

Catch it! Bin it! Kill it!

A document summarising this change in policy for the public has been agreed by the four UK Health Departments and is attached at Appendix B.

**Definition of an at risk group, as agreed by the
Scientific Advisory Group on Emergencies (SAGE)**

“Members of an at risk group are defined as those who are at higher risk of serious illness or death should they develop influenza.”

**List of at risk groups who should receive antiviral treatment
for clinically diagnosed swine flu**

1. People aged 6 months or over with:
 - chronic respiratory disease (including asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospitalisation)
 - chronic heart disease
 - chronic renal disease
 - chronic liver disease
 - chronic neurological disease
 - immunosuppression
 - diabetes mellitus.
2. People who have received any medical treatment for asthma in the last three years (in addition to those included above)
3. Pregnant women
4. Children under the age of 5 years
5. People over the age of 65 years

For further information on the scientific basis, please see the attached document. An electronic version will be available on the DHSSPS website.

Swine Flu: From Containment to Treatment

Introduction

As Swine Flu spreads and more people start to catch it, it makes sense to move from intensive efforts to contain the virus to focusing efforts on treating the increasing number of people who have the disease.

Following the agreement of ministers in all four UK nations, and in line with our own Pandemic Flu plans, we made the decision on 2 July to move from containment and outbreak management policies to the treatment phase.

This paper is intended to provide clear information explaining why we have chosen to do this, what our plans are from now on and how these developments will affect the general public.

What is Swine Flu and how serious is it?

A new strain of Influenza A (H1N1), also known as Swine Flu, was confirmed in the UK in April and has spread to more than 100 countries around the world.

The most common symptoms are fever, sore throat, diarrhoea, headache, feeling generally unwell and a dry cough – in other words, symptoms very similar to seasonal influenza. Most people recover within a week, even without antiviral treatment.

Although symptoms have generally proved mild, a small number of patients will develop more serious illness. Many of these people have other underlying health conditions, such as heart or lung disease, that put them at increased risk.

What measures have we taken to contain the virus?

As little was known about the new flu virus when the outbreak started, it was sensible to take all necessary precautions to try and slow its spread while we learned more about it. To do this we:

- Tested patients suspected of having Swine Flu to confirm the infection;
- Offered antivirals to all patients suspected of or confirmed as having Swine Flu;
- Collected detailed information about these patients to learn more about how the virus affects people;
- Closed schools where medical advice deemed it appropriate;
- Traced people who had close contact with patients and gave them antivirals to try to prevent the flu from spreading more widely; a process known as prophylaxis.

During the containment phase we have had precious time to understand the characteristics of the new virus, to build up medical supplies and to make significant progress towards developing a vaccine.

Why did we move to an outbreak management approach in some areas?

There are now signs that the spread of the virus is accelerating. The number of new cases in the UK is doubling every seven days, and we have recently seen the development of hotspot areas, where Swine Flu is particularly prevalent.

As more people catch the virus in their communities rather than from abroad, it becomes less effective to carry on the intensive work to contain Swine Flu, especially when health services need to devote more time and energy to treat the increasing numbers who have the virus.

So on 25 June, the Department of Health in London announced that these hotspot areas would be able to relax their containment policies and move to outbreak management.

In these areas, health officials could stop tracing and offering antivirals to people who may have been exposed to the virus, and GPs could begin to confirm Swine Flu in patients by clinical observation.

This has provided local health services in the badly hit areas more scope to focus their resources on dealing with the increasing number of people catching the virus.

Why are we now moving to the Treatment phase and what does this mean in practice?

We have always been clear that, at some point, we will need to take the decision to move from containment to treatment across the UK. This will mean the NHS taking the lead as we establish national systems to deal with high numbers of Swine Flu cases.

We have drawn on advice from leading scientists and health experts to inform our decision, and on 2 July all four UK administrations confirmed the decision to move to the Treatment phase.

In practical terms, this will mean that across the country:

- GPs will be able to diagnose Swine Flu on the basis of symptoms rather than waiting for laboratory testing.
- All contact tracing will now cease, and we will stop giving antiviral drugs to people who may have been exposed to the virus.
- Anyone who has contracted Swine Flu should continue to be offered antivirals until further notice.
- It will remain a matter for clinical discretion to decide whether antivirals should be prescribed in individual cases, where doctors are contacted by patients with coughs, colds and the worried well.

The HSC Board will also begin to establish designated antiviral collection points. These are available at community pharmacies at this stage.

What should people do if they think they have Swine Flu?

1. People should check their symptoms. They can do this by:
 - visiting www.nhs.uk;
 - calling the Swine Flu Information Line on 0800 1 513 513;

- or contacting NHS Direct in England (0845 46 47 or www.nhsdirect.nhs.uk), NHS 24 in Scotland (08454 242424 or www.NHS24.com), and NHS Direct Wales in Wales (0845 46 47 or www.nhsdirect.nhs.uk);
- in Northern Ireland, people should visit www.dhsspsni.gov.uk, or contact their GP or Out of Hours provider.

2. If they still think they have Swine Flu, then people should call their local GP, who will be able to provide a clinical diagnosis over the phone.

3. If Swine Flu is confirmed at this stage, the GP will give the patient a prescription which their Flu Friend can then take to a community pharmacist for dispensing of the antiviral medication.

Which groups are at greatest risk from Swine Flu?

Some groups of people are more at risk of serious illness if they catch Swine Flu, and will need to start taking antivirals as soon as they are confirmed with the illness.

We are still learning more about the risk profile of the virus, but we already know that the following people are particularly susceptible:

- People with:
 - Chronic lung disease
 - Chronic heart disease
 - Chronic kidney disease
 - Chronic liver disease
 - Chronic neurological disease
 - Immunosuppression (whether caused by disease or treatment)
 - Diabetes mellitus
- Patients who have had drug treatment for asthma within the past three years
- Pregnant women
- People aged 65 years and older
- Young children under five years old

It is vital that people in these higher risk groups get antivirals and start taking them as soon as possible – within 48 hours of the onset of symptoms. We will issue clear guidance to GPs on this.

When is the National Pandemic Flu Service going to be up and running?

We appreciate that GPs surgeries and hospitals in the worst affected areas are now under pressure as cases are increasing in numbers.

The National Pandemic Flu Service will take pressure off them by allowing people with suspected Swine Flu to confirm (either online or via a dedicated call centre service) that they have the virus and receive an authorisation number for antivirals for collecting a course of antivirals.

We are at an advanced stage in preparing the system, and we expect the National Pandemic Flu Service to go live when it is needed. People will then be directed to use this service rather than contacting their GP if they have Swine Flu symptoms.

What about a vaccine?

As Swine Flu is a new virus, we have had to develop a new vaccine to deal with it.

We are making good progress and expect the first batches of vaccines in August, and 60 million doses – enough for half the population – are expected to be available by the end of the year.

We have ordered enough vaccine for the whole population but to reduce the impact of Swine Flu, we will focus vaccination on those at the greatest risk first.

And finally...

Although we are moving to a new phase in our response to this virus, it's important that people continue to do everything they can to stop Swine Flu from spreading.

The message to the public is to keep practising good respiratory and hand hygiene. In other words, remember to *Catch it, Bin It, Kill It*. Catch your sneeze in a tissue, place it quickly in a bin and wash your hands and surfaces regularly to kill the virus.