



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Pandemic Influenza Planning Bulletin

January 2009 Issue 3

Welcome

Welcome to the third edition of the Pandemic Influenza Planning Bulletin update for the Health and Social Care sector in Northern Ireland. This bulletin aims to provide an update on activity in DHSSPS around planning for an influenza pandemic.

We wish to distribute this bulletin as widely as possible, so please feel free to forward this e-mail to anyone that you think will be interested. If you wish to be included in the circulation of the bulletin, please let us know by e-mailing pandemicflu@dhsspsni.gov.uk

Latest News

WHO Alert Level

The international alert level for pandemic influenza, as advised by the World Health Organisation (WHO), remains at UK Alert Level 3 – human infections with a new sub-type but no new human-to-human spread, or at worst case instances of spread to a close contact. Information on the WHO alert level and other relevant information can be found on the WHO webpage: <http://www.who.int/en/>

Guidance Documents

On the 25th of November 2008, the Department issued an updated pandemic flu health plan. *The Northern Ireland Contingency Plan for the Health Response to an Influenza Pandemic* aims to guide and support health and social care organisations in their contingency planning and preparations for an influenza pandemic. It is accompanied by supporting guidance for the Northern Ireland Ambulance Service, social care, acute hospitals and mental health services. The documents are available to download at:

www.dhsspsni.gov.uk/index/phealth/ph/p/infectious_diseases/pandemicflu.htm

UK Guidance

New UK guidance for preparing maternity services was launched 10 December 2008 and is available to download at:

www.dh.gov.uk/pandemicflu

Boards&Trusts

Following the release of the Northern Ireland Pandemic Flu guidance, boards and trusts have been advised in a letter from the CMO to ensure that their pandemic flu plans are updated to reflect this guidance by 20 March 2009.

DHSSPS Pandemic Flu Work Programme

Planning for a pandemic of human influenza remains a priority for both the Minister and the Department. Among the main issues currently being addressed are:

- National Flu Line.
- Development of a Primary Care Framework, including plans for immunisation.
- Development of guidance for Human Resources.
- Guidance to assist with Prioritisation and surge management issues.
- Protocol for distribution and use of antivirals.
- Communications info issued during a pandemic.
- Joint health planning with UK Health Departments and Republic of Ireland.
- Dental Guidance
- Pregnancy Guidance

Future Work

- Audit of pandemic flu preparedness across the HSC sector to be carried out.
- Increase stockpile of medical countermeasures.
- Further testing of contingency plans

Procurement of Pandemic Flu Medical Countermeasures

In line with the rest of the UK, DHSSPS will be procuring a significant range of health countermeasures in 2009/10 to mitigate and suppress the impact of an influenza pandemic. This will more than double the current antiviral stockpile to over 50% population coverage. Also included will be antibiotics for around 25% of the population and surgical facemasks and respirators for health care workers.

The Department will also be procuring consumables to support administering countermeasures and for staff hygiene and protection.

Avian Flu

Outbreaks of the highly pathogenic H5N1 type of avian influenza (currently known as 'bird flu') have been occurring since December 2003.

Cases have been reported in many Asian countries and have now spread to European and African countries. The spread of H5N1 to poultry in new areas is of concern as it increases opportunities for further human cases to occur. However, all evidence to date indicates that the H5N1 virus does not spread easily from birds to infect humans. There is very limited evidence of human-to-human transmission among any reported cases in Asia. As of 12 December 2008 there have been 390 cases of human H5N1 infection with a total of 246 deaths. See Table 1 below:

Table 1

Country	Total no of:	
	cases	deaths
Azerbaijan	8	5
Bangladesh	1	0
Cambodia	8	7
China	30	20
Djibouti	1	0
Egypt	50	22
Indonesia	139	113
Iraq	3	2
Lao People's Democratic Republic	2	2
Myanmar	1	0
Nigeria	1	1
Pakistan	3	1
Thailand	25	17
Turkey	12	4
Viet Nam	106	52
Total	390	246

The WHO does not currently recommend any restrictions on travel to areas experiencing outbreaks of highly pathogenic H5N1 avian influenza.

However, WHO continues to recommend that travellers to H5N1- affected areas should avoid contact with live animal markets and poultry farms, and any free range or caged poultry.

Avian Flu Exercise

DHSSPS will be participating in the DARD-led, strategic level Avian Influenza Exercise Chough on 9 April 2009. The exercise will consider the multi-agency response should an Avian Influenza outbreak occur in poultry flocks

International Research

A report from the Social, Technology and Environmental Pathways to Sustainability (STEPS) Centre describes how science, policy and politics intertwine and have shaped the response to avian influenza in poultry as well as humans, over the past ten years.

Influenza A(H1N1) virus resistance to oseltamivir

A report published by the World Health Organization highlights the levels of influenza A/H1N1 viruses resistant to oseltamivir during the recent influenza season in the southern hemisphere. The report demonstrates continued high levels of H1N1 resistance in the southern hemisphere, most notably in South Africa. The first few results in the UK influenza season have shown that H1N1-oseltamivir resistant virus is circulating. The virus exhibiting resistance matches well to a strain in this season's vaccine. For further info go to:

http://www.who.int/csr/disease/influenza/H1N1webupdate20082008_kf.pdf

SPI at work

The national scientific pandemic influenza advisory Committee (SPI) had its second meeting on 11 November 2008. The two main items discussed were the advantages and disadvantages of different ways of using a mixed antiviral stockpile, and the Department of Health's research

analysis. Other items discussed included the UK's response to new developments highlighted by SPI, and SPI working requirements during a pandemic. Meetings held over the past couple of months on the modeling (SPI-M), behaviour and communication (SPI B&C) and clinical countermeasures (SPI-CC) sub-groups of SPI, as well as the discussions of an ad hoc research group, also informed the plenary SPI meeting. Minutes from the meeting are currently being drafted. Once agreed these, and relevant meeting papers will be available on the SPI website.

<http://www.advisorybodies.doh.gov.uk/SPI/>

HN51 Vaccine tested in children

Two recent influenza A/H5N1 vaccine clinical trials have demonstrated safety and seroconversion in children. The first tested a prototype inactivated, aluminium-adjuvanted, split-virus, clade 1 H5N1 vaccine in infants and children aged between six months and nine years. The vaccine was well tolerated and showed 95 to 100 percent seroconversion, with 80 to 87 percent of participants still showing antibody persistence up to six months after vaccination. The second study, involving 12 healthy children with a mean age of 12, confirmed the safety of the inactivated whole virus H5N1 Fluval vaccine and showed 75 percent seroconversion.

Universal Influenza Vaccine

A potential universal vaccine has proved to be safe in low doses. It also triggered a satisfactory immune response in a phase 1 clinical trial. The vaccine, made by VaxInnate Inc, Cranbury, New Jersey, targets the M2 protein of influenza A viruses, a surface protein that differs little among different strains of type A. Although an interesting and exciting development, it is likely to be between five and ten years before such a vaccine would be available to protect people against seasonal and pandemic influenza.

For further info go to:

<http://www.marketwatch.com/news/story/vaxinnates-universal-flu-vaccine-candidate/story.aspx?guid=%7bE8697106-2A5B-4A7F-8D89-F3E978CB57D1%7d&dist=hppr>

Who's who in the Department?

Dr Lorraine Doherty, Senior Medical Officer/Consultant Epidemiologist continues to lead planning on the health aspects of pandemic flu, Andrew Elliot, Director of Population Health, continues to lead the Policy team, which includes Bernie Duffy, Sholto Carnew, Helen Reynor, Kieran Blaney and Alan Weir. The Department hopes to appoint a new Senior Medical Officer for Pandemic Flu in the near future.

Pandemic Flu Working Groups

Planning continues to be co-ordinated through the DHSSPS Core Working Group. There are also 8 sub groups addressing specific elements of contingency planning. A list of all the Groups and their Chairs is detailed below:

Regional Core Working Group:

Dr Lorraine Doherty
DHSSPS

Pandemic Flu Leads:

Dr Lorraine Doherty
DHSSPS

Acute and Tertiary Services:

Dr Lorraine Doherty
DHSSPS

Surveillance:

Dr Brian Smyth CDSCNI

Pharmacy:

Cathy Harrison DHSSPS

Primary Care:

Dr Lorraine Doherty DHSSPS

Flu Line:

John Farrell/Peter McAuley
DHSSPS Primary Care

Human Resources:

Robert Stewart DHSSPS

Communications:

Sarah Williams DHSSPS

Sources of further information

DHSSPS – Access to NI guidelines and frameworks

http://www.dhsspsni.gov.uk/index/phealth/php/infectious_diseases/pandemicflu

DH – Access to UK guidelines and frameworks

<http://www.dh.gov.uk/pandemicflu>

UK Resilience – Provide guidance for local authorities and service providers on contingency planning for a possible Influenza Pandemic

<http://www.ukresilience.info/index.shtm>

WHO – Provide a worldwide overview of the Pandemic Influenza situation

<http://www.who.int/>

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