



Bruce Mann CB
Director
Civil Contingencies Secretariat

22 Whitehall
London
SW1A 2WH

Telephone 020 7276 5061
Fax 020 7276 5012
E-mail bruce.mann@cabinet-office.x.gsi.gov.uk
Web www.cabinet-office.gov.uk

BUSINESS ADVISORY NETWORK FOR FLU UPDATED SWINE FLU GUIDANCE FOR PLANNERS

22 October 2009

Dear Colleagues,

Updated Swine Flu guidance for planners to guide business continuity planning until the end of the flu season.

I wrote to you on 3 September with a revised set of swine flu-specific planning assumptions to assist your business continuity planning. At the time, I noted that the guidance would be reviewed in mid-October, taking into account the spread of the disease, further information on the proposed vaccination programme and any new information about the virus. This further guidance has now been produced and is being placed on the UK Resilience web pages later today (http://www.cabinetoffice.gov.uk/ukresilience/pandemicflu/risk/current_risk_assessment.aspx).

As before, the revised guidance describes the types and scales of challenges which organisations should be prepared to respond to. We intend that they should therefore provide a common agreed basis for planning across all public and private sector responder organisations.

While early information indicated a less severe disease than the 1918 pandemic, difficulties in estimating case numbers (both in the UK and abroad) made estimating severity difficult. Now estimates of extent have improved and we also have information on waves of infection which have peaked both in the UK and in the southern hemisphere. As a result, the Scientific Advisory Group for Emergencies (SAGE) and modellers now advise that the previous worst case planning assumptions can be revised substantially downwards. These remain worst case scenarios, not predictions:

- The additional information now available confirms earlier guidance that children under 16 are significantly more susceptible to the virus, and up to 30% may fall ill during this second wave.
- However, the worst-case clinical attack rate across the population as a whole has now been reduced from 30% to 12% between now and the end of the normal flu season.
- Up to 1,000 further deaths (compared to the previous worst case of up to 19,000 deaths).
- Up to 35,000 further cases hospitalised, of which 15% could require critical/intensive care.

As before, the calculations are based on a number of parameters each taken, for prudence, at their 'reasonable worst case' value. For some calculations, the combination of several such calculations means that the planning assumptions represent a relatively low probability scenario. That is right in terms of prudent planning, so that we can ensure that plans are robust against all likely scenarios. But the planning assumptions should thus not be taken as a prediction of how the pandemic will develop.

The calculations take no account of the impact of vaccination. Scientists are clear that vaccinating those people in at risk groups will be highly beneficial in preventing more serious illness in vulnerable people. Swine flu vaccine is now becoming available to those in high-risk clinical groups and NHS and social care staff. It will be their key defence and it is important that they go for their vaccine as soon as possible.

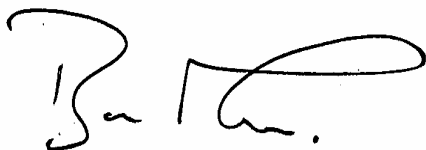
Absence from work

The guidance on absence from work has also changed from the previous version. The worst case scenario is now up to 5% of the workforce to be off work in the peak week, down from 12% previously. As previously, this covers the proportion of the workforce who may be absent from work because they are ill themselves or because they are looking after ill children. This percentage is on top of the 'usual' absence rates businesses would normally expect to see during winter.

I hope that the material above is helpful to enable organisations to plan for the impacts of the pandemic. This reduction in the figures is clearly good news. But we should not underestimate the threat that swine flu still poses. Although the disease is mild in most people, it has a sting. The rate of hospitalisations is increasing sharply. In the last three weeks, admissions to critical care have doubled. It is now very clear from the data, including the clinical attack rate, that the disease particularly affects the younger age groups. Businesses therefore need to continue to ensure that they are prepared to deal with issues such as worker-parent absence.

If you have any queries on these planning assumptions, please do email my team at banf@cabinet-office.x.gsi.gov.uk.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ben Thomas'.