

Business Advisory Network for Flu

25th August 2009

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Agenda

Factual Advice

- National situation
- International situation
- Planning assumptions

Current considerations

- Sickness certification
- Vaccine
- Relaxation of legislation

Business continuity forward look



Background to BANF

Ensures the delivery of advice and guidance needed by business groups and individual firms to allow them to undertake their own planning.

- Assists in the delivery of co-ordinated advice to employers and a speedy conduit for two-way communication
- Based on the existing Business Advisory Group on Civil Protection (BAGCP) and forums and networks maintained by sponsor departments and the UK's devolved administrations.



Swine Flu – Impact & Treatment

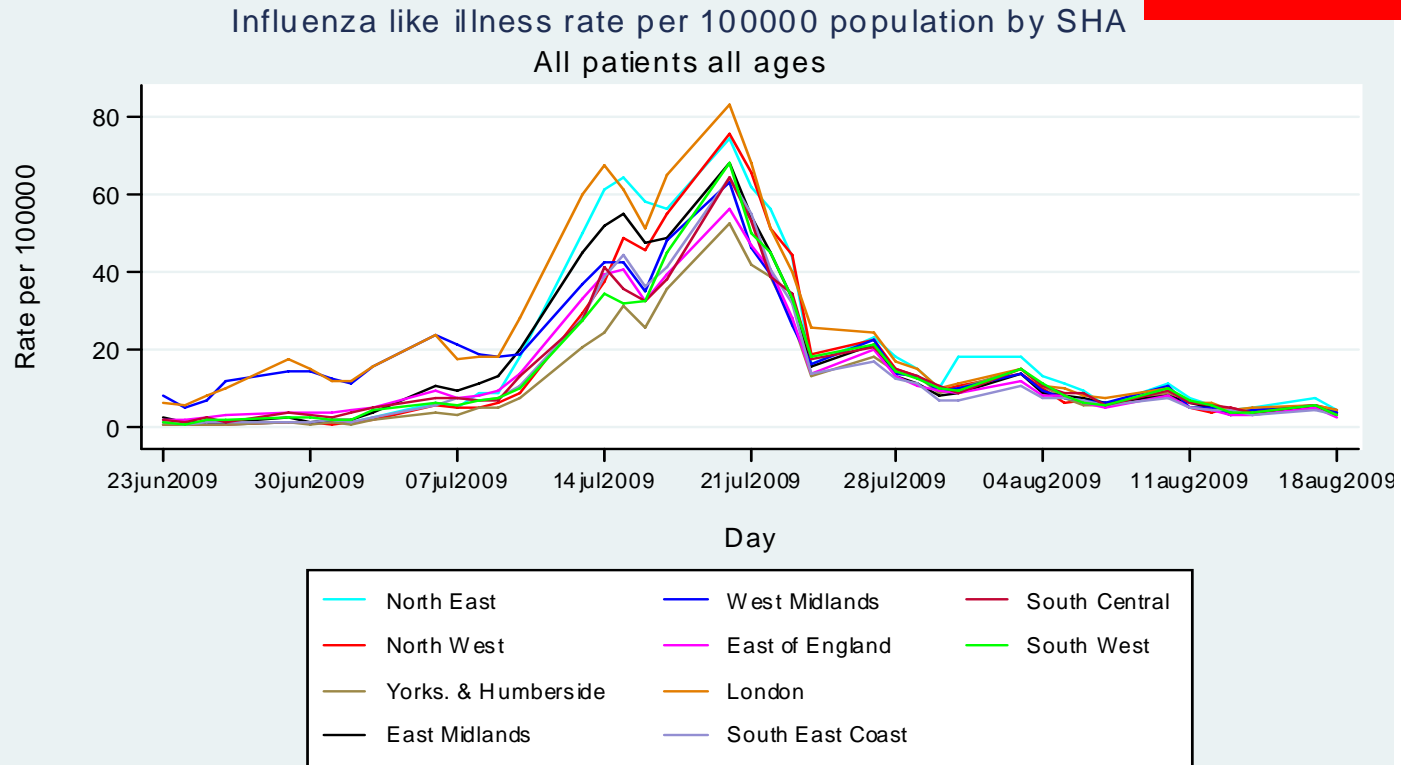
- Infections appear on downward trend but potential for increase in autumn & winter



Consultation rates - Q Surveillance

QSurveillance® – daily consultation rate for influenza like illness in England by SHA (all ages)

As at 24th August



(Database version 1)

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Data source: QSurveillance (daily data) - 19 Aug 2009

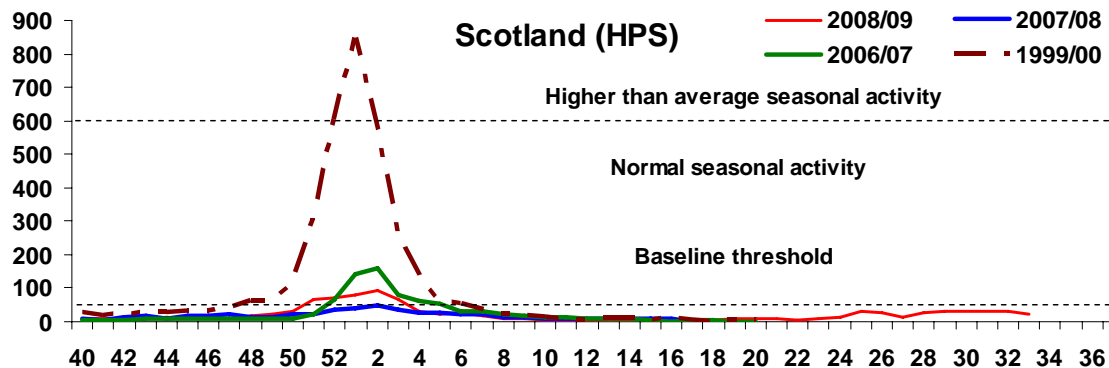
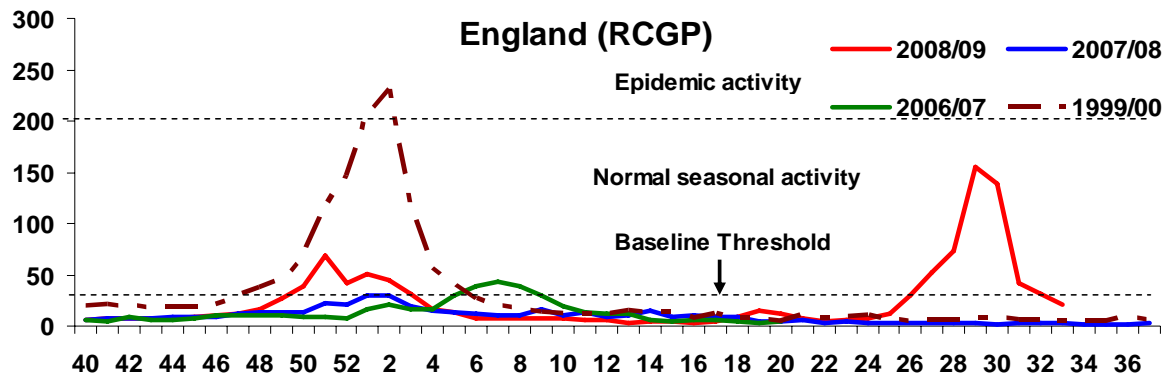
Data for the QSurveillance is based on data from 43% of England's population (about 3500 practices), 10% of the population in Wales, 17% in Northern Ireland, and 0% in Scotland.



Consultation Rates – National Sentinel Schemes

As at 24th August

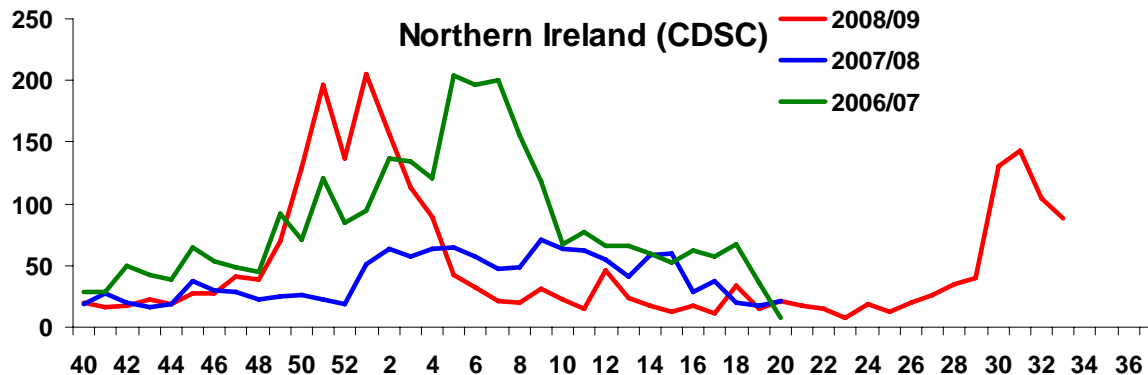
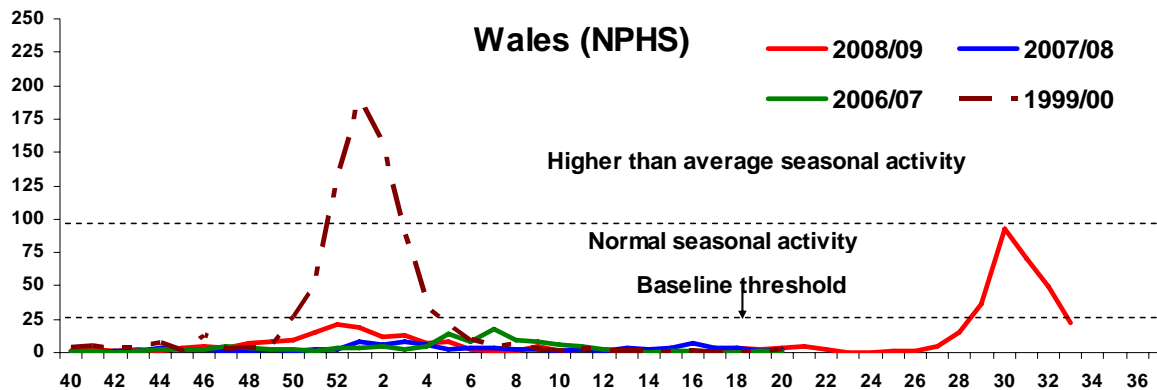
Primary care consultation rates for Influenza and Influenza like illness by UK country



Consultation Rates – National Sentinel Schemes

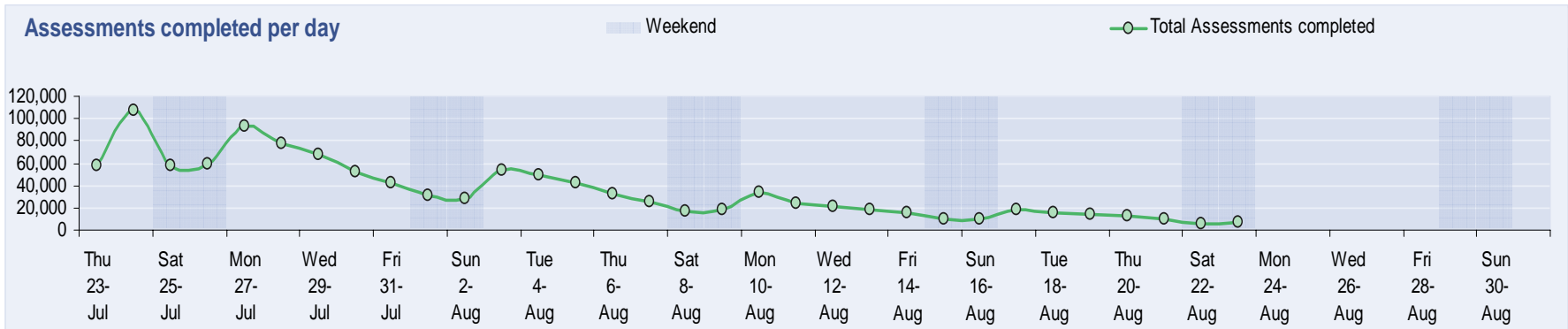
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Primary care consultation rates for Influenza and Influenza like illness by UK country



National Pandemic Flu Service

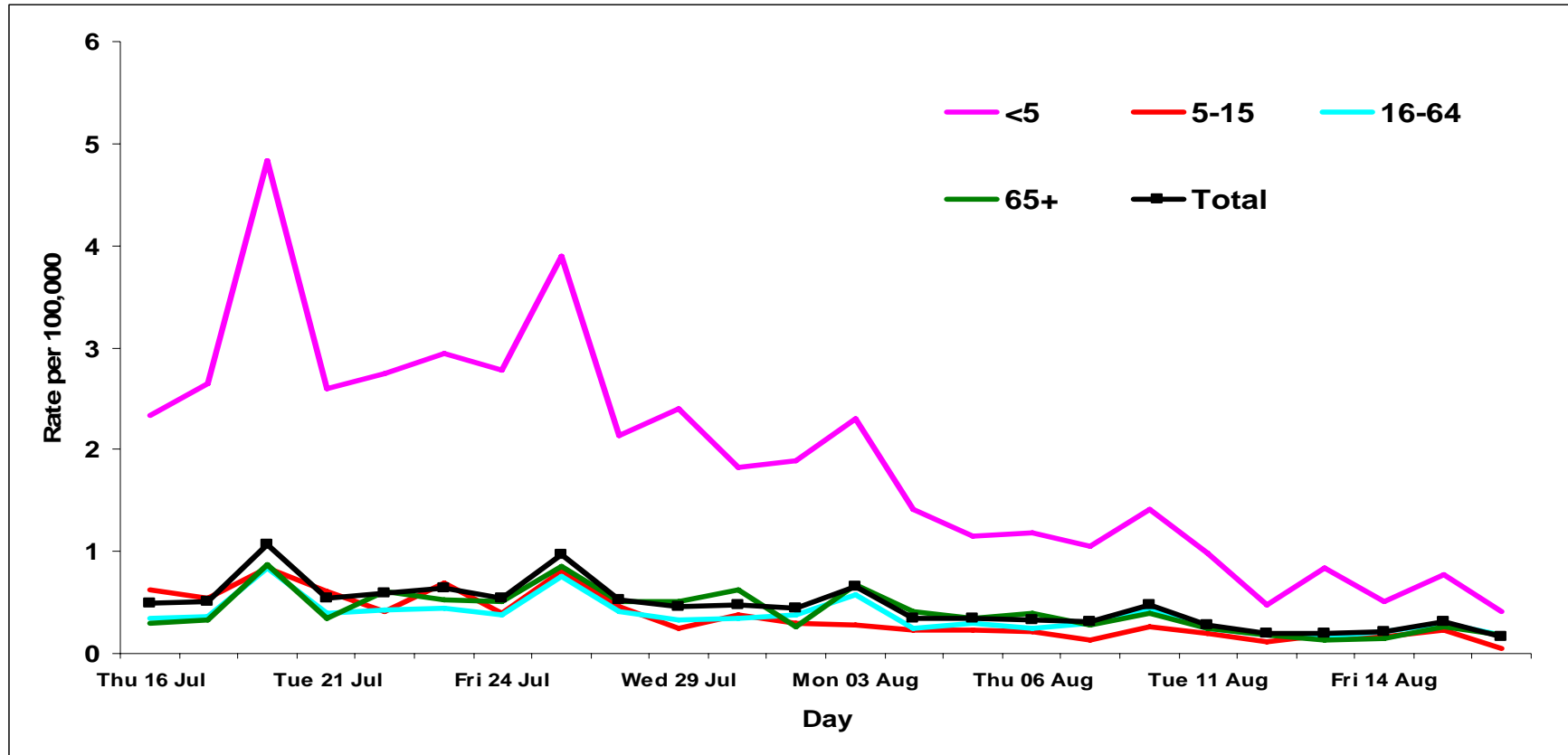
As at 24th August



As at 24th August

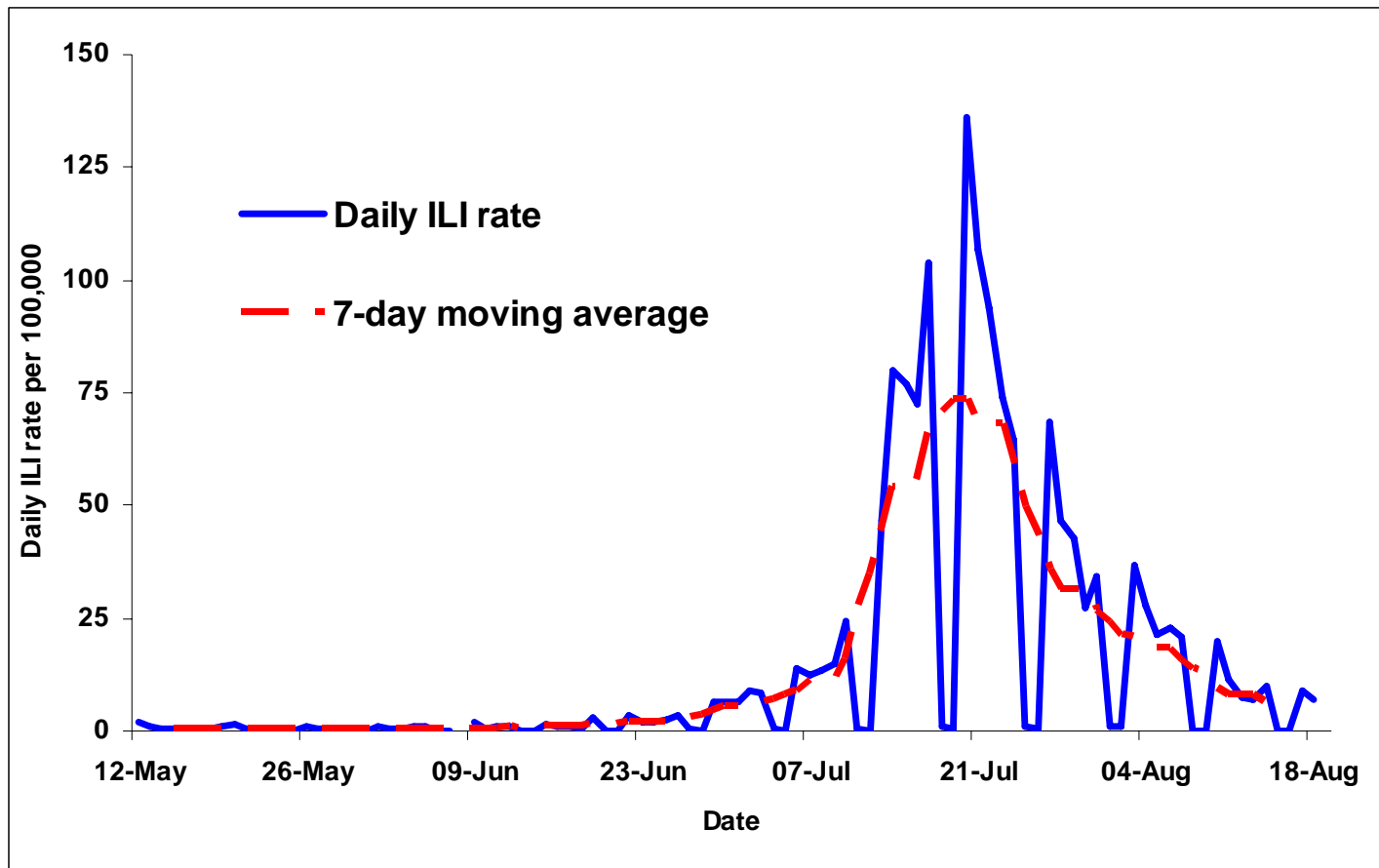
Hospitalisations

England: Daily rate (per 100,000) of new admissions to hospital with suspected pandemic influenza in 24 hours up to 8am, by age group, up to Tuesday 12 August, England.



Consultation rates – < 1 year olds

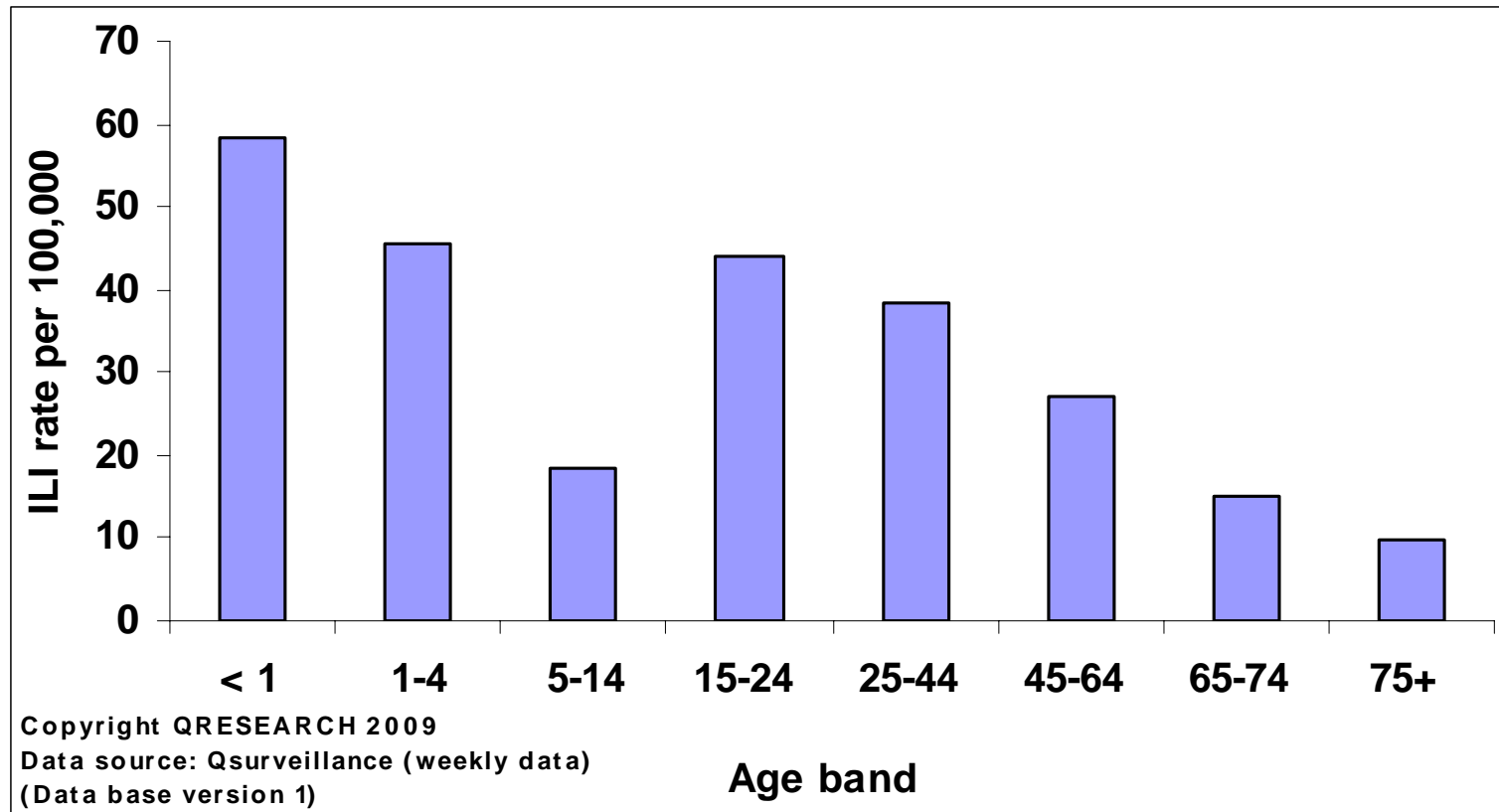
QSurveillance® – daily consultation rate for influenza-like illness in the <1 year olds.



As at 24th August

Age profile

QSurveillance influenza-like illness rate by age band in week 33 (ending 16 August)



Swine Flu – Impact & Treatment

- Infections appear on downward trend but potential for increase in autumn & winter
- Majority of cases have mild illness, although continue to be hospitalisations
- **50% of patients** expected to **experience symptoms for longer than 7 days.** **Almost all** of these **will be better by 10 days:** only 2.5% of patients have symptoms for longer than this
- Treatment with antivirals reduces duration & severity of symptoms. Particularly important for higher risk groups
- Vaccine programme once available



Summary of International Situation

Total number of global confirmed & reported H1N1 cases: 253,169 including 2,572 deaths (ECDC)

Many countries have adopted clinical diagnosis – numbers significantly under represent true case number

Europe

- Widespread activity in Spain, Germany, Austria, the Netherlands & France. All countries reporting a normal or slightly increased proportion of their populations affected

Americas

- Overall decline in the Americas with H1N1 the predominant virus
- Argentina and Chile seeing a typical level of activity for time of year with decreasing case numbers

Australasia

- Widespread community activity in Australia with earlier affected areas showing a decline in cases. New Zealand experiencing a drop in GP consultations

Asia

- Significant number of new cases reported in India, local transmission occurring in several Chinese provinces and widespread transmission in Hong Kong and Taiwan. Community level spread in most Thai provinces



International Responses

As at 24th August

- WHO leading public health response under IHR framework
- UN system moving more widely to support low & middle income countries
- UK has pledged £37m since 2006 to international pandemic & avian influenza preparedness & more recently £7.5m for H1N1
- EU co-ordination:
 - Informal Health Ministers Council
 - Health Security Committee
 - Friends of the Presidency Group: high-level non-health cross-sector co-ordination

UK approach to international strategy outlined in the *Pandemic Flu: UK International Preparedness Strategy* Oct 2008:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089527



Planning Assumptions for First Wave

- Based on analysis & modelling of data from both inside & outside the UK
- Kept under review - subject to change as further data becomes available on the current pandemic strain
- ‘Reasonable worst case’ - not taken as a prediction of how the pandemic will develop.



Available at:

www.cabinetoffice.gov.uk/ukresilience/pandemicflu/risk/current_risk_assessment.aspx



Differences between Swine Flu & Previous Assumptions

As at 24th August

- H1N1 not H5N1
- Milder with lower attack rate
 - Slower spread
 - Fewer complications
 - Fewer hospitalisations
 - Fewer deaths
 - Lower levels of absenteeism



Planning Assumptions for First Wave

As at 24th August

- Peak absence rate of **12%** of the workforce

Includes:

- Some allowance for those at home caring for ill children

Doesn't include:

- Normal holiday leave
- Non-pandemic illness
- Absence of those caring for ill dependent relatives or friends other than children
- Absence due to fear of pandemic illness
- Absence due to school closures [not currently planned]



Current considerations

- **Sickness certification**
- **Vaccine**
- **Relaxation of legislation**



Sickness Certification – Do we need to change our policies?

- Launched National Pandemic Flu Service, but need to consider protecting capacity of primary care if things get worse:
 - Under 1s, people with underlying conditions, pregnant women still need to contact GP
 - Also people who are still getting worse after 7 days (5 for children)
 - Care for people with complications
- Reduce spread of disease: enable people to stay at home if unwell
- Nearly 50% have symptoms for 8-10 days



BANF Sickness certification workshop, 12th August

Feedback

- Employers would prefer **no change**
- **Business continuity** has to be first line of defence supported by a **coordinated communication** strategy to provide guidance prior to any change
- If changes are required:
 - Consider a voluntary “approved” **code of conduct** endorsed by Government and other relevant bodies
 - Legislative change extending self certification to **10 days** for a limited time and **flexibility** to be withdrawn as circumstances change
 - Extension applicable to **all** illnesses



Vaccine prioritisation

- Contracts allow purchase of enough pandemic-specific vaccine for whole population if needed
- Delivery through primary care organisations
- Potential high level of immunity against closely-related strains



Initial prioritisation

- Those at highest risk of severe illness should they contract Swine Flu
- Those at increased risk of infection and of transmitting that infection to vulnerable patients



Relaxation of Regulations

- **Business continuity** the first line of defence
- Would look to find **flexibility** within existing regulation rather than making legislative changes
- Pre-pandemic planning resulted in preparations of some draft amendments
- **Changes only brought in where strong evidence supports requirement**



Businesses should work with their Lead Government Department to provide this evidence if they feel a change is required



Business Continuity forward look

Potential increase in cases through autumn/ winter

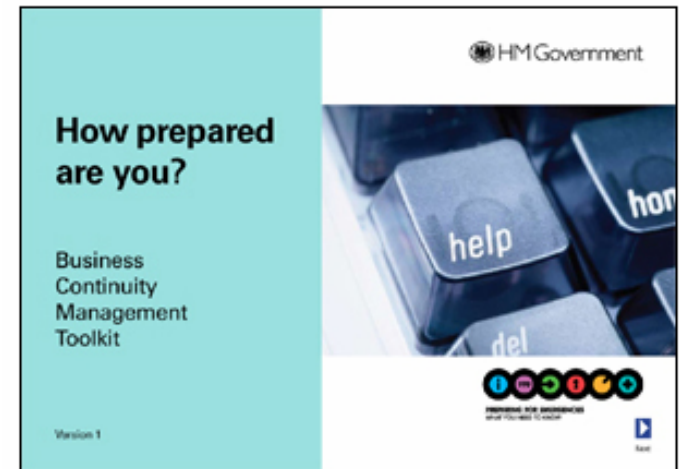
- Business continuity
- Planning assumptions
- Vaccination
- Sickness certification



Business Continuity – Sources of Advice

- Business Advisory Network for Flu
- Pandemic Influenza Checklist
- BCM Toolkit
- Frequently Asked Questions
- Planning assumptions

- National Risk Register
- Community Risk Registers



www.businesslink.gov.uk/swineflu

www.cabinetoffice.gov.uk/reports/national_risk_register.aspx



Business Advisory Network for Flu

Next meeting

19th October, 1 Victoria Street, London
9.30am – 12noon

To register email: banf@cabinet-office.x.gsi.gov.uk



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