

Notes from Business Advisory Network for Flu Meeting.

UK Cabinet Office, June 30th 2009, London, UK.

- The UK government's Civil Contingencies Secretariat provided an update on "Swine Flu" in the UK and their current approach to the disease to an audience of some 150 representative organisations including the Business Continuity Institute.
- As of 29th June, there were 60,000 confirmed cases of swine flu world-wide and 263 deaths in 112 countries. It was noted that some countries had stopped counting as they have concluded that it is only a mild disease.
- The current form of swine flu is less virulent than seasonal flu. However developments in the southern hemisphere are being monitored as the northern hemisphere is expected to face the same virus during our Winter. Swine flu (AH1N1) is seen as becoming the predominant virus strain.
- The situation in Mexico with relatively high level of deaths was seen as a Mexican-specific problem put down to local social and health care systems. The form of the virus outside of Mexico is not as virulent, has not spread as fast as was feared and there have only been so called "hot spots".
- The virus is self-sustaining and the current UK level of 600 new cases per day is expected to rise to the 1,000 cases per day experienced with seasonal flu, although this statement was caveated with the comment that it was unclear as to the impact of hot weather on the spread of the disease. From the 1,000 cases per day this expected to ramp up significantly to a peak level some six weeks later (August) before falling rates are experienced over a further 9 week period. This planning is based around a single wave. The Civil Contingencies Secretariat is working on the assumption that there will be a second more virulent wave in the Winter.
- In terms of susceptibility, to date the most vulnerable have been children aged to 9 years and the age group 10-19 years. There has been a low infection rate among over 50's. It was suggested that this may be due to some natural acquired immunity among the elder generations. At the time of the meeting there had been 2 deaths and 107 hospitalisations in the UK – however the comment was made that both people had underlying conditions. Nonetheless in the USA there have been deaths among people who would have been expected to recover.
- The approach in the UK has changed. The initial approach was of containment, however this has now changed to one of "outbreak management". This provides some relief to the strain on National Health Service resources. It is still the expectation that GPs will provide anti-virals. However there is a concern that over-use of anti-virals could lead to a resistance developing, so there is some consideration being given to holding back prescribing of anti-virals until the second wave.

- In terms of planning for the impact on business, the key point is that the disease will not hit everywhere at the same time, rather there will be geographically limited outbreaks. School closures were recognised for their major impact on businesses and the guidance from government had now changed to a position where the presumption would be that schools would stay open. Local risk assessments would still be carried out though. The benefit would be lower parent-worker absences than in the government’s planning guidelines. In terms of mass gatherings and transport systems, the government has no intention to stop either.
- For absence rates, the tentative planning metric was an “average” absence level of approximately 12% above normal absence rates i.e. lower than the government’s planning assumptions, which reflects the milder form of the virus. Clearly organisations where employees are in close proximity to each other may experience higher levels.
- In terms of the “clinical attack rate”, the view from government is that more people will show mild symptoms than expected but more will be able to work than expected. It was thought that one week’s absence would be sufficient.
- By way of analogy, the likely impact was likened to the Summer holiday period or Christmas holiday period depending on the organisation’s operating model i.e. rolling periods of relatively high absence levels.
- 132 million vaccines had been ordered for the UK (two per person). These would start to arrive in August and would be delivered in full in December. The delivery schedule misses the expected August peak and is timed more for the expected second wave. The vaccines will be delivered to people through primary care organisations. Scientists have been given the responsibility of determining priority for vaccines – the primary drivers for allocation will be on health and ethical grounds. On prompting, “Keeping the country running” i.e. supply to key workers, was seen as important but is ranked behind the other reasons.

Question & Answer Session:

- A question was raised on how the UK was working with other countries and whether others would take more extreme action. The response was that the UK was in dialogue with many countries and within the European Union, the UK and France were leading the work into studying the virus. Other countries were looking at the preparedness of the UK as a benchmark for their own actions.
- A question was raised on self-certification rules and whether they would change. The government confirmed that at present self-certification for seven-days was fine, however with the increasing number of cases, there might be a need to relieve pressure on GPs by extending this to fourteen-days’ self certification. The Department of Health and Department of Work and Pensions will take the lead in this area.
- A question was raised by a representative from the shipping industry on the government’s view on likely impact on food and fuel imports. The government did not see any need for restrictive measures, although noted that there would potentially be issues with any “roster-based” industry if there were disruptions. It was noted that given the confined nature of ships that levels of infection would be higher than elsewhere and planning needed to reflect this.

- Concern was raised over the accuracy of GP diagnosis of swine flu and the impact on absence rates. The government response was that initially only 10% of cases were successfully diagnosed, however with the onset of Summer and decline in colds and Winter ailments, correct diagnosis rates had increased to 50% and the working assumption now would be most people with the symptoms probably were infected with swine flu.
- A question was raised on the incubation period of swine flu. The response was that the incubation period thus far was between 1 and 5 days as compared to 1-3 days for seasonal flu.

Part of the meeting focused on presentations from the following:

- Business Continuity Institute – on how BCM can help prepare for the impact of a pandemic.
- Case Study: Transport for London – on preparations for pandemic flu.
- Case Study: BT Group – on preparations for pandemic flu.
- Scottish Power – collective efforts in the energy sector.

In the final session, the following points were made:

- A question was raised about ensuring fuel supplies in a pandemic. The government responded that the Department of Energy & Climate change had a fuel plan in place and certain commercial organisations could apply to become part of the plan to ensure priority of supply.
- It was noted that the World Health Organization alert levels were not optimal as they did not reflect the severity of the influenza virus. The government noted that infectious disease outbreaks in the future would need to be handled differently and there was need for debate on the WHO alert levels and some aspect of severity needed to be reflected in the levels.

The concluding note was that swine flu would become much more noticeable in the public conscience now and the impact would begin to be felt. However the advice from government was that “no plan survives first contact with the enemy”, there is a need for proportionality, to be prepared and to learn.

About Business Continuity Management

Business Continuity Management (BCM) identifies potential threats to an organisation and the impacts to business operations that those threats if realised might cause. It provides a framework for building organisational resilience with the capability for an effective response that safeguards the interests of key stakeholders, reputation, brand and value creating activities.

About the Business Continuity Institute

The Business Continuity Institute (BCI) was founded in 1994 and leads on the development of best practice in Business Continuity Management. The BCI also contributes to relevant legislation and standards. It has some 4,600 members in over 80 countries active in an estimated 2,500 organisations in private, public and third sectors. The BCI Partnership, established in 2007, is the corporate body within the BCI with over 60 member organisations including BT, BSI Group, Continuity Shop, Marsh, Milton Keynes Council, BP, SunGard, BAE Systems, Community Resilience UK, Continuity SA, EADS, Garrison Continuity, HBOS (Lloyds Banking Group), Prudential, PwC, Royal Mail, and the UK Government’s Cabinet Office. Website: www.thebci.org.