

Notes from Business Advisory Network for Flu Meeting.

19th October 2009, London.

- The virus is not spreading as fast as it had been in April-July; it was increasing at +50% per week; within a few weeks it was expected to be back to July levels. The virus was still showing a localised or regionalised pattern with higher levels of infection in Wales and Northern Ireland as previously was the experience in Glasgow, Birmingham and south London. In terms of age distribution there was a sharp fall in infection rates after 15-24 year old age group. Hospitalisations occurred in the under 5 and 5-15 group, these cases were rising and serious and they were difficult to treat. It was also noted that those children severely infected were otherwise fit, healthy children.
- The international picture was seen as mixed. The southern hemisphere was coming out of its winter and infection levels had fallen to baseline levels. France and some parts of the Nordics have seen significant levels of increase but other countries not. The ECDC website was given as a good information source for swine flu levels across the world and particularly in Europe. USA was experiencing very high levels of increase (figures from two weeks earlier).
- The other observation was that H1N1 is the dominant flu strain now with 75% of all influenza detections being H1N1 although a note of caution was added to this figure.
- On a straw poll of the room on who had caught swine flu the response level was very low single digit (audience circa 150).
- Two questions remained: the impact of the vaccination programme and whether there would be a mutation of the virus. However the conclusion was that the reasonable worst case in the planning assumptions today was overstating the impact of the virus and the current planning figure of 12% absence was expected to be revised to a single figure percentage. This was likened to an irritating but not a major problem.
- Nonetheless, a warning from pandemic influenza history was that a more virulent strain emerges approximately 1 year after the first incarnation, so government thinking was turning to mitigating the impact of a so called 3rd and 4th wave later in 2010.
- It was expected that the NHS would have a difficult winter with high loading on critical care services. For the wider population a benign picture was painted with swine flu being the dominant strain.
- It was stated that there would not be a lot of business continuity disruption.

An update was given on self-certification and the vaccination programme:

- Following the workshop on extending self-certification, Ministers agreed to make no changes at present, however the goal of extending self-certification was to reduce the

burden on GPs and therefore voluntary measures by organisations would be welcome. Extension of self-certification was still an option but was presented as a “last resort” due to the acknowledged impact on business.

- The workshop had resulted in some changes to the government’s planning around self-certification. Any change would be from 7 to 10 days and not 14 as previously set out. Additionally, a sunset clause would cut in after 3 months unless explicitly extended. This is a change from 6 months in previous guidance. In terms of providing notice of the change, the government said that this was being worked on still and “two weeks” was seen as a target time frame.

Details were given on the vaccination programme:

- Vaccines for prioritised groups would be delivered to acute trusts first, starting 21st October. Mental health, ambulance and primary care trusts and GPs would start to receive deliveries from 26th October. It was noted that it would take 3-4 weeks before all GPs practices had received their suppliers and set up their vaccination clinics. It was hoped that all priority groups would be vaccinated by early to mid-December.
- There was no decision at the time of this meeting on a vaccination programme for the whole population. The risks and benefits of vaccinating healthy people were under consideration. The thinking was that such a programme (if agreed) would proceed through schools, occupational health schemes and GPs. There would be no coercion of people to take the vaccination, a communication programme would ensure that people have the facts to make their own choice as to whether they wanted to be vaccinated or not.

Question & Answer Session:

- A question was raised on whether there were signs of flu strains coming together to form a more virulent strain. The response was in the negative.
- A question was raised about a report from Canadian scientists which suggested that taking the seasonal flu vaccination would increase vulnerability to H1N1. The UK scientific view communicated at this meeting was that the research had not been peer reviewed prior to publication and there was no science to support this assertion. The government stated that the seasonal vaccination covered two strains of flu that were needed anyway and a vaccination for H1N1 would be needed as well.
- A question was raised on vaccination for social care workers (voluntary sector). The response was that private and voluntary sector organisations should contact the local adult social services lead to arrange vaccination.
- A question was raised on the safety of the vaccination for pregnant women (that they would catch H1N1 through the vaccination). The government re-iterated that the vaccine was very safe and that pregnant women were between 4 and 6 times more likely to get H1N1 and suffer complications than anyone else.

In terms of future meetings of BANF, the government felt the forum was no longer needed and its earlier incarnation, the Business Advisory Network for Civil Protection, would be re-instated as the channel for dialogue with business on a wider range of issues.

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