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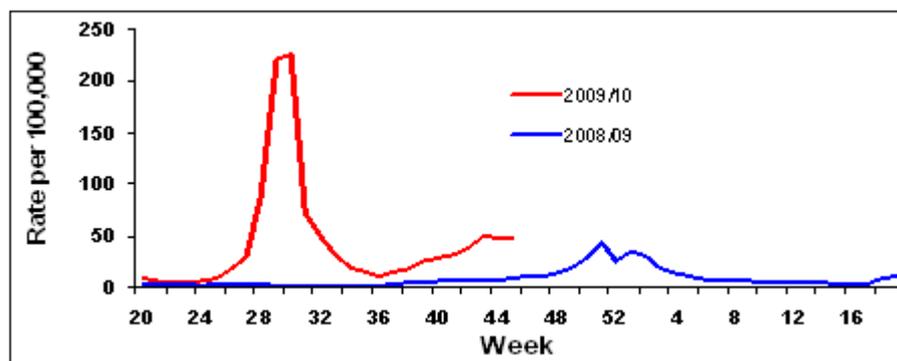
Swine Flu Briefing 43 – 15/11/2009

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Current Situation:

There is an estimate of 64,000 new cases in England last week. This represents a 24% decrease on the previous week.

For this year and last year the graph of cases looks like this.



Here is the view of the Health Protection Agency about the status on Europe:

In Europe and Central and Western Asia: influenza activity continues to increase signalling an unusually early start to the winter influenza season. Active circulation of the pandemic virus was reported in Belgium, Ireland, the Netherlands, Norway, Spain, Sweden and Germany. Increasing transmission was also reported across Northern and Eastern Europe, and Eastern Russia.

In Scotland the estimate is that in the last week there were 21,500 – an increase from last week's estimate of 17,500 new cases.

And of course I must report on the situation in the Ukraine. The levels continue to be far higher than other areas. The official report is:

From 18 October to 12 November, the Ministry of Health has reported a total of 1,253,558 cases of acute respiratory illness and 239 deaths. The majority of cases is concentrated in the Western oblasts in Ukraine, but spreads to Kyiv and other parts of the country.



In the USA this has been confirmed as the worst flu season since 1997 with at least 22 million cases and 3,900 deaths.

A report on Reuters suggest that swine flu is different from seasonal flu

Autopsies on people who have died from the new pandemic H1N1 flu show this virus is different from seasonal influenza, even if it has not yet caused more deaths, experts told a meeting on Tuesday.

Americans who died from swine flu had infections deep in their lungs, Dr. Sherif Zaki of the U.S. Centers for Disease Control and Prevention told a meeting of flu experts, including damage to the alveoli -- the structures in the lung that deliver oxygen to the blood.

This in turn caused what is known as acute respiratory distress syndrome -- an often fatal development that leaves patients gasping for breath.

Pandemic? What flu pandemic?

That was the headline in the UK's Independent newspaper this week. Hardly a surprise really, the doom and destruction some predicted has not happened and every week seems to bring a reduction on what we should expect, for example on death rates (65,000 predicted in July, 1,000 predicted at the moment).

The article itself is actually fairly balanced, but I suspect that if things carry on as they are there will be a Year 2000 like response from the media.

One quote though shows that we may be only at the start. *Professor John Oxford, a flu expert and director of Retroscreen Virology Ltd, said: "So far, this pandemic is the weakest. But the paradox is it could be worse next year. We cannot let up our guard."*

The whole article can be found here:

<http://www.independent.co.uk/life-style/health-and-families/health-news/pandemic-what-pandemic-1817715.html>

France's Le Parisien newspaper had the following headline: "Swine flu: why the French distrust the vaccine" and noted a gap between the predicted impact of H1N1 and the less dramatic reality.

"Although some 30-odd people have died....the disease is not really frightening," it said.

Expect much more of the same

Not sick but not at work

Like most I have always suggested that when you plan for the numbers who will be off during the pandemic you should include a figure for the healthy absent i.e. those who are off for caring or other reasons. We are again starting to see schools shut and that is a real threat to many businesses as staff take time off for child care.

For example Christ's Hospital Boarding School in West Sussex has closed as over 100 pupils have flu and by Monday they expect that number to double.

So how much should you allow? For some this will be a repeat, but for new readers I suggest the following based on when we were working to 30% CIR.

Allow between another 15% and 25% for other reasons depending on the demographics of the organisation. If your organisation is younger (for example Call Centres) then use nearer the 25% and closer to 15% for more those with more staff well over 40. If you are using the new 12% figure then simply pro-rata.

Pregnancy advice

The NHS have issued updated advice on swine flu and pregnancy including vaccines.

The leaflet can be found here:

<http://www.nhs24.com/content/mediaassets/doc/swine%20flu%20and%20pregnancy%20PDF%20final%20061109.pdf>

So why no mutation?

Given all we have seen from past pandemics we would have expected to see some evidence of mutation from H1N1 but thankfully that has not been the case. The question is; why?

Professor Wendy Barclay, who is a virologist at Imperial College London said there was genuine uncertainty about the H1N1 swine flu virus: "We don't know why it's so stable" she said. Her view on the reason is:

"It currently has a huge number of hosts (people) to infect and so has no pressure to mutate. But as more people develop immunity it will have to work a lot harder and so we will expect to see drift (mutations) which might be accompanied by changes in its virulence."

Past Briefings

All previous briefings are available at our website: www.glenabbot.co.uk

Training and Consultancy

We provide specific pandemic training courses both publicly and bespoke to companies. If you are interested please contact me directly or email Geoff Howard at Continuity Shop (gHoward@continuityshop.com). We can also help organisation review or create plans so if you need any assistance please contact me via this email or Andrew Sinclair on Andrew.sinclair@glenabbot.co.uk. Our office number is 01738 580580.



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