

# Glen Abbot Ltd.

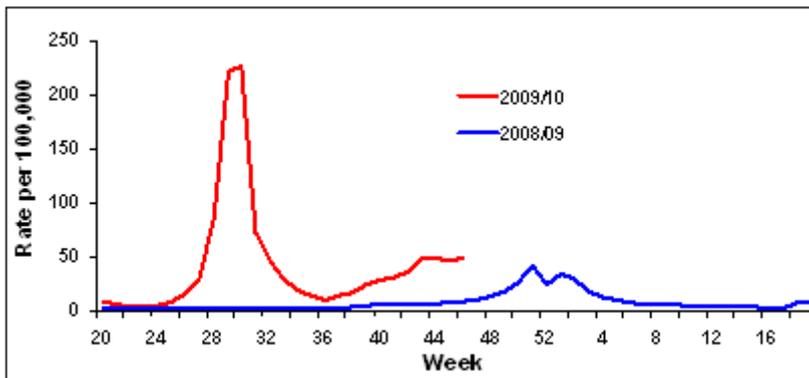
## Swine Flu Briefing 44 – 22/11/2009

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### Current Situation:

In England this week the number of cases declined from the previous week to 53,000. Since the pandemic began there has been an estimated 715,000 cases.

The weekly breakdown is shown in this graph.



In Scotland those who have contracted H1N1 in the last week is 21,200 – a slight decrease from last week's estimate of 21,500 new cases.

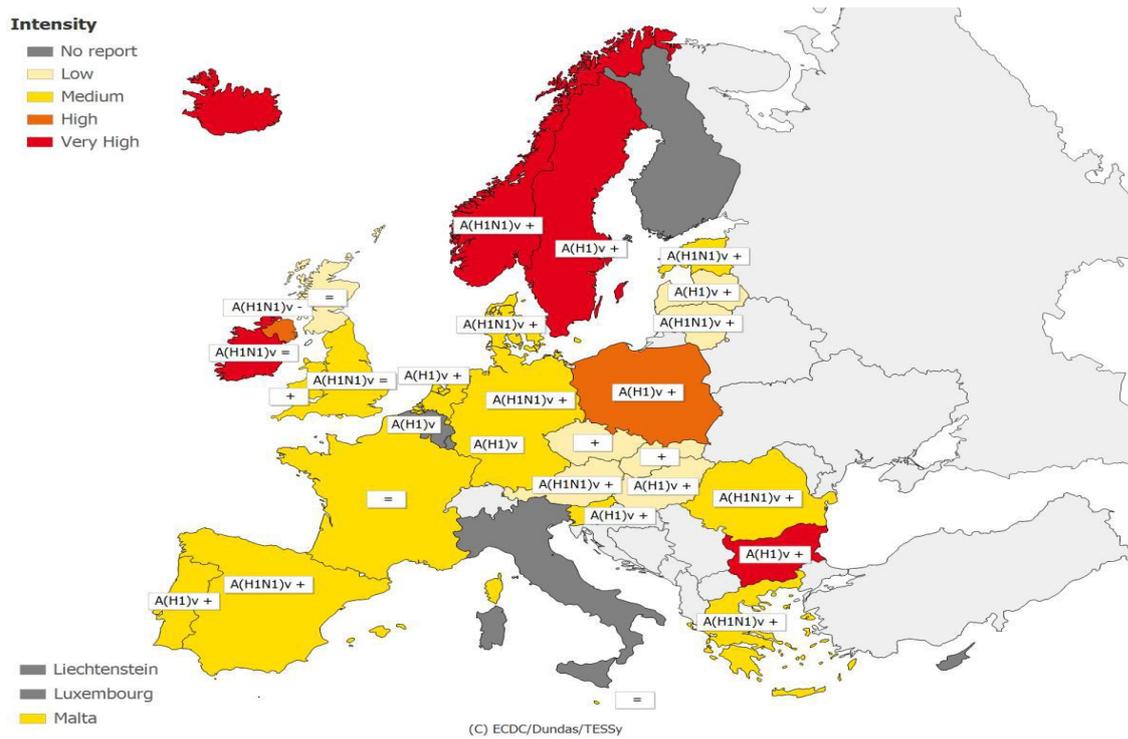
In Northern Ireland there were 78 swine influenza detections compared to 153 in Wk 45 (49% decrease).

In Wales there were 1,350 possible cases. I cover the issue of a Tamiflu resistant strain later in the bulletin. For NI and Wales the measuring approach may be different.

In the USA there has been an overall decline although the level remains high for the time of year.

In Europe and Central Asia: overall influenza transmission continues to intensify as pandemic activity spreads eastward. The WHO said Norway and countries farther east including Georgia, Lithuania, Moldova and Serbia were reporting sharp increases in influenza-like illness or acute respiratory infection. Could that be because the weather has turned colder in these countries? I suspect there may be some relationship between those things.

For Europe I thought this map might be of interest:



\* A type/subtype is reported as dominant when > 40 % of all samples are positive for the type/subtype.

## Tamiflu Resistance

There has been considerable media interest this week over the outbreak of the virus in Wales which is resistant to Tamiflu. To avoid the hype I have included part of the statement from the Health Protection Agency.

*To date, a total of nine H1N1v confirmed cases have been reported amongst patients on a hospital ward in Wales. Five of these cases are known to be resistant to oseltamivir, one is sensitive and for three resistance status is presently unknown. The virus has emerged in a group of particularly vulnerable individuals in whom the development of oseltamivir resistance is well documented. At present we believe the risk to the general healthy population is low. There is no evidence that the oseltamivir resistant virus is any more virulent than any other type of flu. The situation is being kept under review.*

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..... The virus remains sensitive to the other frontline drug Relenza® which is being used as an alternative antiviral and patients are responding well.

Although further epidemiological investigation is underway, it would seem likely that transmission of oseltamivir-resistant H1N1 virus has taken place.

The current cases of oseltamivir resistance under investigation have all occurred in patients with haematological problems which result in immuno-suppression either because of the disorder or the chemotherapy given to treat the disorder.

Oseltamivir resistance to influenza viruses is well documented in immunosuppressed individuals and can develop quickly. It is likely to be associated with the high viral load which may occur during infection in these patients.

In addition, immunosuppressed people may be more susceptible to infection ie a smaller exposure may result in infection in these patients.

Dr Roland Salmon, director of the NPHS Communicable Disease Surveillance Centre, said:

*"The emergence of influenza A viruses that are resistant to Tamiflu is not unexpected in patients with serious underlying conditions and suppressed immune systems, who still test positive for the virus despite treatment."*

So is it a worry? Well it isn't a surprise and it is in a tiny sample with very significant underlying health conditions so I think at this stage the answer is no. But you can be sure it will get plenty of coverage.

### **Vaccines for the under fives**

In the UK it is now planned that the vaccine will be offered to all children aged between six months and five years of age. Some three million children.

They will be given two jabs, three weeks apart. One dose of vaccine appears to give good immunity, and according to the BBC website the European regulators may amend their recommendation to one jab at some point.

### **Mutations**

There have been mutated variants of H1N1 reported in a number of areas, specifically Norway this week. Here is some detail from the WHO website

*The Norwegian Institute of Public Health has informed WHO of a mutation detected in three H1N1 viruses. The viruses were isolated from the first two fatal cases of pandemic influenza in the country and one patient with severe illness.*

*Norwegian scientists have analysed samples from more than 70 patients with clinical illness and no further instances of this mutation have been detected. This finding suggests that the mutation is not widespread in the country.*

*The virus with this mutation remains sensitive to the antiviral drugs, oseltamivir and zanamivir, and studies show that currently available pandemic vaccines confer protection.*

*Worldwide, laboratory monitoring of influenza viruses has detected a similar mutation in viruses from several other countries, with the earliest detection occurring in April. In addition to Norway, the mutation has been observed in Brazil, China, Japan, Mexico, Ukraine, and the US.*

*Although information on all these cases is incomplete, several viruses showing the same mutation were detected in fatal cases, and the mutation has also been detected in some mild cases. Worldwide, viruses from numerous fatal cases have not shown the mutation. The public health significance of this finding is thus unclear.*

*The mutations appear to occur sporadically and spontaneously. To date, no links between the small number of patients infected with the mutated virus have been found and the mutation does not appear to spread.*

## **Past Briefings**

All previous briefings are available at our website: [www.glenabbot.co.uk](http://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 ([goward@continuityshop.com](mailto:goward@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](mailto:Andrew.sinclair@glenabbot.co.uk). Our office number is 01738 580580.



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