



Glen Abbot Ltd.

Swine Flu Briefing 26 – 27/07/2009

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Current Situation:

As I'm sure anyone on the subscriber list in the UK will know the media have now gone into melt down on pandemics. Misinformed is a kind way to put some of the comment. And the problem is that they confuse those who don't have access to reliable information.

My advice is that organisations should look to giving clear, precise and above all official information to staff in their organisation. This will help keep staff from making panic decisions and possibly staying away when there is no need. Some of the earlier briefings covered much on the communications issues so it might be worth looking back through them.

Here are some of the key communication points in summary:

- Provide accurate, consistent, timely and useful information
- Provide reassurance
- Show that you are in control
- Remember it is just the flu!

I would be interested in hearing how the pandemic is being covered in other countries outside the UK, so if any of you would like to give me some info I can pass this on via the next briefing.

Indeed if any of you have things you would like to pass on, or questions, please let me know. I am happy to provide anonymity for any one who wants it, but it may benefit everyone if some other perspectives come in to the briefings.

I have a webinar on HR issues on Friday of this week if anyone is interested. I don't have the exact details yet, but I'll send them out in time for anyone who wants to register and join in.

Vaccines

Some have been asking what the significance of eggs in the creation of a vaccine, as this seems to slow things down so here is the explanation.



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Influenza vaccines are made by inoculating fertilized chicken eggs with the virus, letting it grow, and then purifying and inactivating the virus to make a vaccine.

Some strains grow better in eggs than others, and this affects how many doses of vaccine a company can manufacture.

Here are some facts on vaccines I have gathered from the official Government websites in the USA which might answer some questions I get regularly asked:

Q. Will the seasonal flu vaccine also protect against the novel H1N1 flu?

A. The seasonal flu vaccine is not expected to protect against the novel H1N1 flu.

Q. Can the seasonal vaccine and the novel H1N1 vaccine be given at the same time?

A. Clinical trial results will be necessary to confirm that novel H1N1 and seasonal vaccine will be safe and effective if given at the same time. We expect the seasonal vaccine to be available earlier than the H1N1 vaccine. The usual seasonal influenza viruses are still expected to cause illness this fall and winter. Individuals are encouraged to get their seasonal flu vaccine as soon as it is available.

History Lesson?

Here is part of study from Japan on previous pandemics. It confirms what many had said (and those on my courses will all know this!) that pigs are and have been the key factor in pandemics.

Flu viruses that sparked the three worst pandemics in the last century circulated in their near-complete forms for years before the catastrophes occurred, researchers in Hong Kong and the United States have found.

The H1N1 virus that sparked the Spanish flu of 1918-1919 circulated in swine and humans well before the pandemic started, and it did not come directly from birds as previously thought, they added. Instead, it was probably generated by genetic exchanges between flu viruses from swine and humans.

This contrasts sharply with previous studies which suggested that the H1N1 virus of 1918 was a mutant that jumped direct from birds to human.

Are pandemics getting less severe?

We have seen the virus this time around to be fairly benign. An interesting article appeared in a recent New England Journal of Medicine (yes there is a lot of research goes into this briefing!) which suggests that from 1918 through to the present each one is less severe than the last.

One quote is:

If there is good news, it is that successive pandemics and pandemic-like events generally appear to be decreasing in severity over time. This diminution is surely due in part to advances in medicine and public health, but it may also reflect viral evolutionary "choices" that favor optimal transmissibility with minimal pathogenicity — a virus that kills its hosts or sends them to bed is not optimally transmissible.

The full article can be found at:

<http://content.nejm.org/cgi/content/full/NEJMp0904819>

Who is most likely to be affected?

I have covered this a few times, but I thought I would give this quote from the World Health Organization:

In most countries the majority of pandemic (H1N1) 2009 cases are still occurring in younger people, with the median age reported to be 12 to 17 years (based on data from Canada, Chile, Japan, UK and the United States of America). Some reports suggest that persons requiring hospitalization and patients with fatal illness may be slightly older.

As the disease expands broadly into communities, the average age of the cases is appearing to increase slightly. This may reflect the situation in many countries where the earliest cases often occurred as school outbreaks but later cases were occurring in the community. Some of the pandemic disease patterns differ from seasonal influenza, where fatal disease occurs most often in the elderly (>65 years old). However, the full picture of the pandemic's epidemiology is not yet fully clear because in many countries, seasonal influenza viruses and pandemic (H1N1) 2009 viruses are both circulating and the pandemic remains relatively early in its development.

And one small piece of advice from the USA on dealing with little children who have the flu is to make sure that they have their chin on your shoulder rather than being face to face to prevent them coughing directly into your nose, mouth or eyes.

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 (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. Our office number is 01738 580580.

Yours sincerely



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