



Glen Abbot Ltd.

Swine Flu Briefing 31 – 30/08/2009

Author: David Hutcheson MBCI, Managing Director of Glen Abbot Ltd.
David.hutcheson@glenabbot.co.uk

Current Situation:

In Europe we now have confirmation that all 31 EU and EFTA countries have reported H1N1 outbreaks

As the level of infection declines in the northern hemisphere, more and more I hear the mantra 'it was just another Year 2000'. So is that the case? Well not according to the WHO. I take these sections from their most recent briefing:

Monitoring of outbreaks from different parts of the world provides sufficient information to make some tentative conclusions about how the influenza pandemic might evolve in the coming months.

WHO is advising countries in the northern hemisphere to prepare for a second wave of pandemic spread. Countries with tropical climates, where the pandemic virus arrived later than elsewhere, also need to prepare for an increasing number of cases.

H1N1 now the dominant virus strain

Evidence from multiple outbreak sites demonstrates that the H1N1 pandemic virus has rapidly established itself and is now the dominant influenza strain in most parts of the world. The pandemic will persist in the coming months as the virus continues to move through susceptible populations.

Close monitoring of viruses by a WHO network of laboratories shows that viruses from all outbreaks remain virtually identical. Studies have detected no signs that the virus has mutated to a more virulent or lethal form.

Large populations susceptible to infection

While these trends are encouraging, large numbers of people in all countries remain susceptible to infection. Even if the current pattern of usually mild illness continues, the impact of the pandemic during the second wave could worsen as larger numbers of people become infected.

Larger numbers of severely ill patients requiring intensive care are likely to be the most urgent burden on health services, creating pressures that could overwhelm intensive care units and possibly disrupt the provision of care for other diseases.

Not the same as seasonal influenza

Current evidence points to some important differences between patterns of illness reported during the pandemic and those seen during seasonal epidemics of influenza.

The age groups affected by the pandemic are generally younger. This is true for those most frequently infected, and especially so for those experiencing severe or fatal illness.

To date, most severe cases and deaths have occurred in adults under the age of 50 years, with deaths in the elderly comparatively rare. This age distribution is in stark contrast with seasonal influenza, where around 90% of severe and fatal cases occur in people 65 years of age or older.

Severe respiratory failure

Perhaps most significantly, clinicians from around the world are reporting a very severe form of disease, also in young and otherwise healthy people, which is rarely seen during seasonal influenza infections. In these patients, the virus directly infects the lung, causing severe respiratory failure. Saving these lives depends on highly specialized and demanding care in intensive care units, usually with long and costly stays.

During the winter season in the southern hemisphere, several countries have viewed the need for intensive care as the greatest burden on health services. Some cities in these countries report that nearly 15 percent of hospitalized cases have required intensive care.

Preparedness measures need to anticipate this increased demand on intensive care units, which could be overwhelmed by a sudden surge in the number of severe cases.

Interestingly enough it was this last section which was the lead pandemic flu story on Reuters in the USA.....

Working from Home

For many organisations working from home is the preferred option during the pandemic. This is a sound and useful approach assuming your IT infrastructure supports it (see previous briefing for details on this). You must also consider the Health and Safety aspects for employees.

The Health & Safety Executive in the UK has published a document on this and it can be downloaded in .PDF format from this link:

<http://www.hse.gov.uk/pubns/indg226.pdf>

What will we plan for?

So just what rates of infection and illness should we plan for? Well here is the view of the NHS in the UK:

Planning assumptions for first major pandemic wave	
Clinical Attack Rate	30%
Peak clinical attack rate	6.5% (local planning assumption 4.5%-8%) per week
Complication rate	15% of clinical cases
Hospitalisation rate	2% of clinical cases
Case fatality rate	0.1-0.35% of clinical cases
Peak Absence rate	12% of workforce

Clinical attack rate

Description: The proportion of the population who become ill with influenza, totalled over a complete wave of infection. (These are the clinical cases.)

Assumption: Up to 30% of the population may become ill (i.e. have influenza-like-illness) in the first major wave of infection. The clinical attack rate by 31st August may be as high as 10%.

Commentary: These are averages over all ages in the population. Currently it is thought that final attack rates among children may reach 50%, with significantly lower rates than 30% in older people. The proportion of the population infected (the serological attack rate) may, finally, be as high as 60%. This is because in addition to the 25-30% who develop clinical symptoms a further 25-30% may be infected but show no or insignificant symptoms.

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.

Yours sincerely



David Hutcheson
Managing Director

M: 07775 793858 T: 01738 580580 E: david.hutcheson@glenabbot.co.uk

Glen Abbot Ltd

Quayside House
Friarton Road, Perth PH2 8BB
Telephone: 08450 531537
Email: enquiries@glenabbot.co.uk
Website: www.glenabbot.co.uk

Company Registration No. 3569363 VAT No. 699 8562 44