



Glen Abbot Ltd.

Swine Flu Briefing 07 – 04/05/2009

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

Current Situation:

Mexico: 101 suspected deaths - 22 confirmed

US: One death, 226 confirmed cases

New Zealand: 4 confirmed cases

Canada: 85 confirmed cases

Spain: 40 confirmed cases

UK: 16 confirmed cases

Germany: 6 confirmed cases

Israel: 3 confirmed cases

France: 2 confirmed cases

Netherlands, Switzerland, Austria, Denmark, Hong Kong, South Korea, Italy,
Irish Republic, Costa Rica, Colombia: 1 confirmed case

The WHO said authorities should remain on alert. The current "round of activity" might have peaked, WHO official Gregory Hartl said, but that did not mean it was over.

"There is a high possibility that this virus will come back, especially in colder periods," he said. (As I said in earlier briefings there is increasing support for October onwards)

Person-to-person transmission has been confirmed in six countries.

Definitions for Infection with Swine-origin Influenza A (H1N1) Virus (S-OIV) (from the Centre for Disease Control and Prevention)

You might be interested in the following definition from the USA

A *confirmed case* of S-OIV infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed S-OIV infection at CDC by one or more of the following tests:

A *probable case* of S-OIV infection is defined as a person with an acute febrile respiratory illness who is positive for influenza A, but negative for H1 and H3 by influenza RT-PCR

A *suspected case* of S-OIV infection is defined as a person with acute febrile respiratory illness with onset

- within 7 days of close contact with a person who is a confirmed case of S-OIV infection, or
- within 7 days of travel to community either within the United States or internationally where there are one or more confirmed cases of S-OIV infection, or
- resides in a community where there are one or more confirmed cases of S-OIV infection.

Infectious period for a confirmed case of swine influenza A (H1N1) virus infection is defined as 1 day prior to the case's illness onset to 7 days after onset.

Close contact is defined as: within about 6 feet of an ill person who is a confirmed or suspected case of swine-origin influenza A (H1N1) virus infection during the case's infectious period.

Acute respiratory illness is defined as recent onset of at least two of the following: rhinorrhea or nasal congestion, sore throat, cough (with or without fever or feverishness)

High-risk groups: A person who is at high-risk for complications of swine influenza A (H1N1) virus infection is defined as the same for seasonal influenza.

Special Considerations for Children

Aspirin or aspirin-containing products (e.g. bismuth subsalicylate – Pepto Bismol) should not be administered to any confirmed or suspected ill case of swine influenza A (H1N1) virus infection aged 18 years old and younger due to the risk of Reye syndrome. For relief of fever, other anti-pyretic medications are recommended such as acetaminophen or non steroidal anti-inflammatory drugs.

The use of Anti Virals.

Generally advice has been that anti virals must be given within 48 hours however there is evidence starting to emerge that there may be some leeway in this. See below again from the USA.

Antiviral treatment with zanamivir or oseltamivir should be initiated as soon as possible after the onset of symptoms. Evidence for benefits from treatment in studies of seasonal influenza is strongest when treatment is started within 48 hours of illness onset. However, some studies of treatment of seasonal influenza have indicated benefit, including reductions in mortality or duration of hospitalization even for patients whose treatment was started more than 48 hours after illness onset.

Recommended duration of treatment is five days. Recommendations for use of antivirals may change as data on antiviral susceptibilities and effectiveness become available. Antiviral doses recommended for treatment of swine-origin influenza A (H1N1) virus infection in adults or children 1 year of age or older are the same as those recommended for seasonal influenza. Oseltamivir use for children < 1 year old was recently approved by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA), and dosing for these children is age-based.

Masks

More questions from you on the use of masks. My advice remains the same, in that outside the healthcare arena they are of little or no value. However I thought it might be useful to include the view of the WHO!

It is important to remember that in the community setting the following general measures may be more important than wearing a mask in preventing the spread of influenza.

For individuals who are well:

Maintain distance of at least 1 metre from any individual with influenza-like symptoms, and:

- reduce as much as possible the time spent in close contact with people who might be ill;
- reduce as much as possible the time spent in crowded settings;
- improve airflow in your living space by opening windows as much as possible.

For individuals with influenza-like symptoms:

- stay at home if you feel unwell and follow the local public health recommendations;
- keep distance from well individuals as much as possible (at least 1 metre);
- cover your mouth and nose when coughing or sneezing, with tissues or other suitable materials, to contain respiratory secretions. Dispose of the material immediately after use or wash it. Clean hands immediately after contact with respiratory secretions! Improve airflow in your living space by opening windows as much as possible.

If masks are worn, proper use and disposal is essential to ensure they are potentially effective and to avoid any increase in risk of transmission associated with the incorrect use of masks. The following information on correct use of masks derives from the practices in health-care settings:

- place mask carefully to cover mouth and nose and tie securely to minimise any gaps between the face and the mask
- while in use, avoid touching the mask
 - whenever you touch a used mask, for example when removing or washing, clean hands by washing with soap and water or using an alcohol-based hand rub
- replace masks with a new clean, dry mask as soon as they become damp/humid
- do not re-use single-use masks
 - discard single-use masks after each use and dispose of them immediately upon removing.

Although some alternative barriers to standard medical masks are frequently used (e.g. cloth mask, scarf, paper masks, rags tied over the nose and mouth), there is insufficient information available on their effectiveness. If such alternative barriers are used, they should only be used once or, in the case of cloth masks, should be cleaned thoroughly between each use (i.e. wash with normal household detergent at normal temperature). They should be removed immediately after caring for the ill. Hands should be washed immediately after removal of the mask.

Future Briefings

From Monday all briefings will be available at our website:

www.glenabbot.co.uk

I get a considerable amount of feedback and questions from these briefings and am happy to get them! Hopefully over the next few days I will be able to make this a more interactive process so that you can interact with me and each other.

My thanks to Continuity Shop for the use of their office in Shanghai.

If you would like to contact me by phone my mobile number in China is 0086 15821109366. Use www.telediscount.com to phone that number at a penny a minute.

Training

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