

1 May 2009

Dear Colleague

Swine flu alert

This further alert is being issued quickly after the last one because of the need to give you an updated algorithm (from the Health Protection Agency) on instigation of clinical management of possible cases of swine flu in the light of changing circumstances.

This alert has been reformatted to be consistent with the new algorithm

The purpose of this alert is to inform general practitioners, hospital staff and other health professionals of the steps they need to take to deal with potential cases of swine flu. The basic actions should follow those that are already in place for dealing with a potential pandemic. Further guidance will be provided as and when circumstances change.

This alert will cover:

- the World Health Organisation (WHO) alert levels
- the details as known of the virus to date
- who should be offered antivirals at the moment
- what is suggested in a number of different clinical scenarios

Information is also provided on our current stockpile of antivirals, the plans for its distribution and access to it.

Background

On 29 April 2009, WHO declared Pandemic Alert Level 5. This means that a pandemic is considered imminent. More information about these Alert Levels can be found at the end of this message. (Annex 1)

The virus

Swine influenza is a respiratory disease normally found in pigs but human cases can and do happen. No human cases have been detected in the UK in the last 10 years. The virus detected in this outbreak is an H1N1 strain of influenza type A that has not been previously seen in pigs or humans and contains a mixture of human, pig and avian flu genetic material. H1N1 is the same strain that causes seasonal outbreaks of flu in humans. The viruses are sensitive to antivirals which are available to effectively prevent and treat the infection. Transmission of this new swine influenza virus is thought to occur in the same way as seasonal flu.

Access to antivirals

At this stage, antiviral medication, Tamiflu (Oseltamivir) or Relenza (Zanamivir) is only indicated for supply on the NHS, for individuals who are suspected to have influenza on clinical grounds who fulfil the criteria in the Health Protection Agency algorithm. Seasonal influenza finished circulating in the UK several weeks ago.

Health protection units have access to supplies of antivirals that are to be used in the initial mitigation steps for individuals who comply with the details described in the Health Protection Agency (HPA) algorithm, which is attached to this alert and can be downloaded at: www.hpa.org.uk

The current policy

The following are examples of clinical scenarios that should be dealt with as described:

A patient who has recently returned from a country outside the United Kingdom (particularly Mexico, the USA, or other affected areas*) contacts or consults you:

- Returned longer than seven days ago and is well:

No further action is needed

- Returned longer than seven days ago and have 'flu like symptoms:

Follow the HPA algorithm

- Returned less than seven days ago and has 'flu like symptoms:

Follow the HPA algorithm and ask the patient to self-isolate at home

- Returned less than seven days ago and currently has no symptoms:

Advise to self-monitor and contact you if they develop any 'flu like symptoms: if symptoms occur follow the HPA algorithm

* Cases have been confirmed in 11 countries. This will continue to change. Nearly all cases have been associated with exposure in Mexico. There has been human to human transmission to close contacts of cases in the United States, Spain and Germany. (See annex 2)

A patient who has (or believes they have) come into contact with a person with suspected swine 'flu contacts or consults you:

- Is well:

No immediate action needed, advise to self-monitor and contact you if they develop any 'flu like symptoms

- Has symptoms:

Follow the HPA algorithm and ask the patient to self-isolate at home

Any patient who contacts or consults you unwell, with 'flu like symptoms (especially given that we are outside of the normal 'flu season) and who has no history of overseas travel, nor any apparent contact with swine 'flu cases, is very important for surveillance purposes. Such apparent 'de novo' cases could be a sign of wider transmission. Please report through normal surveillance mechanisms and if the numbers escalate discuss with local health protection unit.

Antiviral stockpile

The current UK stockpile contains sufficient antiviral medication to provide treatment courses for around 50% of the population. This is one of the highest levels in the world. The stockpile is being conserved for treatment, according to the HPA algorithm. Further supplies are being added to the stockpile.

Future antiviral distribution

As cases increase, systems will be put in place to distribute antivirals to a local level which will allow most patients to access treatment without needing to contact a doctor. General practitioners will not hold stock of antivirals on their premises. Planning assumptions and further guidance can be found at www.dh.gov.uk/en/PublicHealth/Flu/PandemicFlu/index.htm

Please do not prescribe antivirals outside the terms of the current HPA algorithm, as retail pharmacies are unlikely to hold sufficient stocks. If antivirals are clinically



indicated, then contact your local health protection unit to ensure access to antivirals. Please obtain details of your local health protection unit from www.hpa.org.uk.

More information for patients - This is available at www.nhs.uk and www.nhsdirect.nhs.uk

Yours sincerely

A handwritten signature in black ink that reads 'Liam Donaldson'.

**SIR LIAM DONALDSON
CHIEF MEDICAL OFFICER**

Annex 1

WHO Pandemic Phase Descriptions

WHO Phase	Estimated Probability of a	Description
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	Pandemic	
One	Uncertain	No animal influenza virus circulating among animals has been reported to cause infection to humans
Two	Uncertain	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific threat
Three	Uncertain	An animal or human-animal influenza reassortment virus has caused sporadic cases or small clusters of disease in people but has not resulted in human to human transmission sufficient to sustain community level outbreaks
Four	Medium to High	Human to human transmission of an animal or human-animal influenza reassortment virus able to sustain community level outbreaks has been verified
Five	High to Certain	The same identified virus has caused sustained community level outbreaks in at least two countries in one WHO region
Six	Pandemic in progress	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region

Annex 2

Number of Cases Reported by the World Health Organization (WHO) Date 30/04/2009

Countries	Confirmed	
	Cases ¹	Deaths
Austria	1	0
Canada	19	0
Germany	3	0
Israel	2	0
Mexico	97	7
New Zealand	3	0
Netherlands	1	0
Spain	13	0
Switzerland	1	0
United Kingdom	8	0
United States	109	1
Total:	257	8

¹Number of deaths is already included in the number of cases