



Issue number 16  
November/  
December 2008

Viewpoint – Professor  
Lindsey Davies p1

Helping you plan p2-3

Working with the  
voluntary sector p3

Surveillance procedures  
in progress p4

Science  
update p5-7



## Viewpoint

**Professor Lindsey Davies, National Director of Pandemic Influenza Preparedness, introduces the latest news and highlights key achievements in 2008.**

**Welcome to the November issue of Pandemic Flu News – the final update for 2008. I want to take this opportunity to say thanks for all your hard work and dedication throughout the year. I know you will have felt the pressure of the December deadline and I hope you've reached the stage of seeing your plans come to fruition.**

Christmas might be approaching fast but there is still plenty to do in the meantime. Our first article this month [page 2] focuses on the various ways that we hope to support you during December and through into the New Year. I would particularly like to remind you of the additional funding that we have made available to SHAs for pandemic flu preparedness. We issued a letter to SHA chief executives on 13 November with further details and it's now available for [download](#).

We have also provided an update on guidance [page 2] and I'm especially pleased to announce that new guidance for GPs will soon be published. We would not have been able to do this work without the help of the Royal College of GPs and the British Medical Association. I am very grateful for this support.

I would also like to highlight the progress being made with surveillance [page 4]. There is a huge amount of work going into making sure we have a system in place which will provide information to the people who need it most. This will help to manage the impact of a pandemic and ensure that local plans are as efficient as possible.

You will be aware that there has been a slight delay with the launch of the flu line assessment service but I'm very

*"Thanks for all your hard work and dedication throughout the year"*

pleased to announce that we have now obtained the necessary approvals for BT to begin system development. Well done to everyone who contributed to this achievement and thanks for your patience. We will provide further updates in future issues of Flu News on how the service will work.

If you have any queries on this month's articles or the planning process in general, please write to us at [pandemicflu@dh.gsi.gov.uk](mailto:pandemicflu@dh.gsi.gov.uk)

Best wishes for the holiday season and see you in the New Year.

*Lindsey Davies*

**Professor Lindsey Davies**



Issue number 16  
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Viewpoint – Professor  
Lindsey Davies p1

Helping you plan p2-3

Working with the  
voluntary sector p3

Surveillance procedures  
in progress p4

Science  
update p5-7

# Helping you plan

Page 1 of 2 →

## At-a-glance

- guidance and funding support for SHAs
- new structure for DH pandemic flu team

**Remember to make use of the support systems in place to help you meet this year's targets and prepare for the New Year.**

## Additional funding

SHAs have received additional funding – totalling £15 million for 2008/09 – towards pandemic influenza preparedness. SHA Flu Leads will discuss the best ways this can be used to support local planning.

## Guidance

Revised guidance for primary care professionals, final guidance for maternity services and new guidance for GPs will soon be available at [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu)

The surge guidance is being revised to reflect feedback from the discussion period and will be available by the end of the year. In response to your comments, the Department of Health (DH) pandemic flu team is working with the Royal Colleges on developing the patient pathway from primary to secondary care in the event of a pandemic and identifying what tools might need to be developed to assist clinicians.

## Vulnerable groups

Feedback on the draft guidance for vulnerable groups has encouraged us to review our approach. It is important to address the needs of both those who are vulnerable and those who will become so in a pandemic. We are working across all workstreams to ensure that the barriers to accessing care are identified and to consider how we can help organisations address them. A 'how to' guide is planned for publication in January.

## Preparing NHS staff

We will soon be advertising for a secondee to the DH pandemic flu team to help develop the training and human resources workstream. The new work patterns and flexible rotas needed to cover staff shortages in a pandemic require us to consider training needs now. We have also been in talks with Skills for Health regarding working together on a competency-based approach to training and education.

## Team structure changes to reflect new priorities

The New Year will bring an increased emphasis on testing the robustness of local plans. To reflect this new priority, there will be a reorganisation of the DH pandemic flu team to create a workstream that includes the current NHS and social care implementation team and focuses on testing plans.



Issue number 16  
November/  
December 2008

← Page 2 of 2

Viewpoint – Professor  
Lindsey Davies p1

Helping you plan p2-3

Working with the  
voluntary sector p3

Surveillance procedures  
in progress p4

Science  
update p5-7

Janet Meacham joined the team in November to lead this workstream. Formerly in the DH Emergency Preparedness Division, Janet brings knowledge and experience of responding to national emergencies. In 2009, new exercises will be developed to test local multi-agency response and mobilisation. The command and control process will also be under scrutiny.

#### Links and Info

[View more information on the additional funding for SHAs](#)

## Working with the voluntary sector

The September issue of Flu News included mention of the guidance we are preparing for the voluntary sector, recognising that it has a vital role to play in a pandemic.

We have shared drafts of this with the Civil Contingency Secretariat (CCS) in the Cabinet Office and it has been agreed that this work will take a cross-Government approach as it progresses.



Issue number 16  
November/  
December 2008

Viewpoint – Professor  
Lindsey Davies p1

Helping you plan p2-3

Working with the  
voluntary sector p3

Surveillance procedures  
in progress p4

Science  
update p5-7

## Surveillance procedures in progress

### At-a-glance

- local level access arrangements in development
- current work priorities: clinical management and NHS response

**A briefing document on how surveillance and monitoring will work during a pandemic is now available by emailing [pandemicflu@dh.gsi.gov.uk](mailto:pandemicflu@dh.gsi.gov.uk)**

The surveillance programme will ensure that the information necessary to manage the impact of a pandemic and to inform planning is available and appropriate.

We are also clarifying the local access routes to surveillance information during a pandemic. The primary source of information about flu activity will

be the National Pandemic Flu Line Service and related systems (stock management and collection points). These systems will be able to provide information at PCT level. Direct access to the stock management system will be provided to PCTs. Arrangements for accessing local level Flu Line data are still in development. We are also working with the Office for National Statistics and the General Register Office to identify the best way to ensure that we have timely data on deaths, broken down by cause, age and location.

Information on the wider societal response to a pandemic (such as police, fuel, transport and schools) will be available via strategic coordinating groups (SCGs). PCT leads will be key members of SCGs. The Cabinet

Office is also developing an extranet for SCGs to access national level information as appropriate.

Current work priorities include finalising the specification for the clinical dataset that will be needed from acute trusts for a sample group of patients and confirming the criteria for the 'traffic light' assessment of the NHS surge response.

Email [pandemiflu@dh.gsi.gov.uk](mailto:pandemiflu@dh.gsi.gov.uk) if you would like more information on the DH pandemic flu surveillance programme.



Issue number 16  
November/  
December 2008

Viewpoint – Professor  
Lindsey Davies p1

Helping you plan p2-3

Working with the  
voluntary sector p3

Surveillance procedures  
in progress p4

Science  
update p5-7

## Science update

### SPI at work

The scientific pandemic influenza advisory committee (SPI) had its second meeting on 11 November. The two main items discussed were the advantages and disadvantages of different ways of using a mixed antiviral stockpile, and the Department of Health's research gap analysis. Other items discussed included the Government's response to new developments highlighted by SPI, and SPI working requirements during a pandemic.

Meetings held over the past couple of months on the modelling (SPI-M), behaviour and communication (SPI-B&C), and clinical countermeasures (SPI-CC) sub-groups of SPI, as well as the discussions of an ad hoc research advisory group, also informed the plenary SPI meeting. Minutes from the meeting are currently

being drafted. Once agreed these, and relevant meeting papers, will be available on the SPI website.

**Links and Info**  
[Visit SPI website](#)

### Influenza A(H1N1) virus resistance to oseltamivir

A report published by the World Health Organization highlights the levels of influenza A/H1N1 viruses resistant to oseltamivir during the recent influenza season in the southern hemisphere. The report demonstrates continued high levels of H1N1 resistance in the southern hemisphere, most notably in South Africa. The first few results in the UK influenza season have shown that H1N1-oseltamivir resistant virus is circulating. The virus exhibiting resistance matches well to a strain in this season's vaccine.

**Links and Info**  
[View WHO report](#)

### Universal influenza vaccine

A potential universal vaccine has proved to be safe in low doses. It also triggered a satisfactory immune response in a phase 1 clinical trial. The vaccine, made by VaxInnate Inc, Cranbury, New Jersey, targets the M2 protein of influenza A viruses, a surface protein that differs little among different strains of type A. Although an interesting and exciting development, it is likely to be between five and ten years before such a vaccine would be available to protect people against seasonal and pandemic influenza.

**Links and Info**  
[View press release](#)

Page 1 of 3 →



Issue number 16  
November/  
December 2008

Viewpoint – Professor  
Lindsey Davies p1

Helping you plan p2-3

Working with the  
voluntary sector p3

Surveillance procedures  
in progress p4

Science  
update p5-7

## Science update

### H5N1 vaccine tested in children

Two recent influenza A/H5N1 vaccine clinical trials have demonstrated safety and seroconversion in children.

The first tested a prototype inactivated, aluminium-adjuvanted, split-virus, clade 1 H5N1 vaccine in infants and children aged between six months and nine years. The vaccine was well tolerated and showed 95 to 100 percent seroconversion, with 80 to 87 percent of participants still showing antibody persistence up to six months after vaccination. The second study, involving 12 healthy children with a mean age of 12, confirmed the safety of the inactivated whole virus H5N1 Fluval vaccine and showed 75 percent seroconversion.

Nolan, T; Richmond, P C; Formica, N T; Hoschler, K; Skeljo, M V; Stoney, T; McVernon, J; Hartel, G; Sawlwin, D C; Bennet, J; Ryan, D; Basser, R L, and Zambon, M C. Safety and immunogenicity of a prototype adjuvanted inactivated split-virus influenza A (H5N1) vaccine in infants and children. *Vaccine*. 2008 Nov 25; 26(50):6383-91.

**Links and Info**  
[View abstract](#)

Vajo, Z; Kosa, L; Szilvasy, I; Pauliny, Z; Bartha, K; Visontay, I; Kis, A; Tarjan, I; Rozsa, N; and Jankovics, I. Safety and Immunogenicity of a Prepandemic Influenza A (H5N1) Vaccine in Children. *Pediatr Infect Dis J*. 2008 Oct 30.

**Links and Info**  
[View abstract](#)

Page 2 of 3 →

### Usefulness of respirator fit testing

A Canadian study has indicated that formal 'fit testing' of the respirators worn by healthcare workers (HCWs) to protect them from airborne pathogens, does little good for workers who do not routinely wear the devices. In the study, 44 percent of 43 HCWs who lacked experience with respirator-fit testing, and who had not received specific instructions, managed to don the respirators properly, so that they formed a tight seal around the face. Immediately after all the HCWs were trained in how to wear the equipment, testing showed that 74 percent of them had a good fit. However, when the workers were asked to don the respirators again three months later, only about 47 percent of them achieved a good fit – not significantly more than the number who did so before they were trained. The



Issue number 16  
November/  
December 2008

Viewpoint – Professor  
Lindsey Davies p1

Helping you plan p2-3

Working with the  
voluntary sector p3

Surveillance procedures  
in progress p4

Science  
update p5-7

## Science update

report recommends frequent, routine respirator use in order to ensure that respirators are fitted correctly.

Lee, M C; Takaya, S; Long, R, and Joffe, A M. Respirator-Fit Testing: Does It Ensure the Protection of Healthcare Workers Against Respirable Particles Carrying Pathogens? *Infect Control Hosp Epidemiol.* 2008 Nov 3.

**Links and Info**  
[View abstract](#)

### The international response to highly pathogenic avian influenza: science, policy and politics

A report from the Social, Technology and Environmental Pathways to Sustainability (STEPS) Centre describes how science, policy and politics intertwine and have shaped the response to avian influenza in poultry as well as humans, over the past ten years.

**Links and Info**  
[View STEPS report](#)

← Page 3 of 3