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Viewpoint

Professor Lindsey Davies, National Director of Pandemic Influenza Preparedness, introduces the latest news and outlines current priorities.

Welcome to the February issue of **Pandemic Flu News**. The year is well under way now and I've noticed a real sense of energy and enthusiasm for the next stage of the planning process on recent visits to NHS trusts.

You will see from this month's news that we are hoping to help you test your plans by introducing four new practical exercises to be available by the end of March (page 2). However, I'm aware that many of you have been busy developing your own local test exercises and I'm very keen to hear more about what you've been doing. Feedback on local practice is extremely useful and good examples should be shared across the regions.

The self-assessment period has now ended and I'd like to take this opportunity to say thanks for all your hard work.

I know it's been a struggle to tick all the boxes in time, especially with the snow disruptions, so completion of the self-assessment process is even more of an achievement this year.

Work with the social care sector continues to be a major focus for me at the moment (page 3). Two of our regional conferences have now taken place and I'm finding these events very valuable for gaining an insight into your thoughts and views. We have a conference planned for every region now and it's great to hear all your different ideas. I learn something new each time.

The **CATCH IT, BIN IT, KILL IT** campaign is also an ongoing priority (page 7). I'm pleased to confirm that our advertising campaign (see the January issue of Flu News) has been well received and all NHS



communications leads have access to the materials in the correct format for local campaign use, via NHS CommsLink. The images can now also be downloaded for use as posters [here](#) (username: rhh3 and password: posters). If you have seen the posters in your area, I would also be very interested to see any photographs of them in context.

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

Lindsey Davies

Professor Lindsey Davies



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We are working to provide you with test exercises, in line with the requirements of the 2009/10 Operating Framework for the NHS to test and review pandemic flu plans. We have contracted the Health Protection Agency to develop three off-the-shelf exercises that will be ready by the end of March.

The three exercises are being developed with storylines that can be used by both health professionals and other planning partners, such as local authorities and voluntary organisations. Alternative injects (such as news clips) can be chosen depending on the organisation type.

Two of these exercises will be in DVD format. Exercise Coldplay 2 is set in WHO Phase 6 and Exercise Coldplay Recovery looks at what an organisation needs to consider in the recovery phase.

A third exercise takes the form of a game. The Camden Flu Game is based on a concept developed by the London Borough of Camden and it tests business continuity planning.

Following the completion of the self-assessment process we will look at what other exercises and testing might be useful.



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Future conferences

East of England Social Care Regional Conference

Date: 16 March 2009

Contact:

karen.dodson@goeast.gsi.gov.uk

East Midlands Social Care Regional Conference

Date: 2 June 2009

Contact:

janice.abraham@dh.gsi.gov.uk

Feedback from the social care conferences

We have now held two of our regional conferences for social care and some key themes are emerging to help us identify what further support is needed.

The local authority view

Both events attracted a good cross section of staff from all areas of social care. At the South East event, Margaret Geary, Strategic Director, Portsmouth City Council, gave numerous insights into the particular issues faced by a local authority and highlighted that, whilst it can be challenging to find the development resources, having a flu plan will improve many elements of the response to any other business continuity interruptions.

Audience participation

Question and answer sessions demonstrated that the audience had grasped the importance of planning and preparation. The impact on staff numbers, particularly in the peak weeks of a pandemic, was a major theme as were the practicalities of collecting antivirals and distributing them to vulnerable service users.

Future areas for discussion

The workshop sessions provided an opportunity for more in-depth discussions of some specific areas. This has given us a clear idea of areas where we can provide some more help to support planning in social care. This includes the need to:

- develop business continuity templates for providers



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Feedback from the social care conferences (continued)

- look into the possible relaxation of statutory duties, regulations and performance targets during a pandemic
- look at the quality of plans that providers and commissioners have in place.

If you think these are important areas of concern, please be aware that the new Care Quality Commission (which comes into being on 1 April 2009) is currently consulting on the content of reviews in 2009/10.

Links and Info

[Contribute to the Care Quality Commission consultation](#)

Guidance update

We are in the process of finalising the remaining modules for inclusion in 'Guidance for commissioners and providers of social care' and they will be on the pandemic flu pages of the Department of Health website by the end of March.

We are also producing a briefing pack for new directors of adult social care which we hope will help those new in post to get up to speed quickly with their responsibilities for pandemic flu preparedness.



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Antiviral stockpiles set to double

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Contracts to double supplies of pandemic flu antivirals, to treat everyone predicted to fall ill in a pandemic, were awarded by the Department of Health in January.

The agreements are with Roche and GlaxoSmithKline and are expected to

be in place by April 2009. The contracts will deliver an additional 7.6 million treatment courses of Tamiflu (Roche) and 10.6 million treatment courses of Relenza (GlaxoSmithKline). When this extra capacity is in place, there will be 33.5 million treatment courses of antivirals.

Antivirals will play a key role in the clinical response, reducing the severity of the illness and reducing the chance that complications such as pneumonia will set in.

Public communications in a pandemic

Our public communications strategy for pandemic flu will build on a timely and appropriate response at each stage of the pandemic. Research suggests that the public will require preparatory information and guidance in the earlier phases, including advice on good respiratory and hand hygiene, while in Phase 6 they will need practical advice on self care including how to use the National Pandemic Flu Line Service.

A variety of broadcast, web and print communications are being prepared,

on a standby basis, to ensure that we have materials ready for a pandemic. Towards the end of last year we tested these materials with the public. Focus groups saw and heard our planned TV, radio and newspaper advertising and the door drop leaflets. In some cases the groups were shown the material in the sequential order it might appear during the build-up to a pandemic. In others they were given the materials that would be issued at Phase 6 straight away. This was to test how effective the earlier provision of information would

be in maintaining and building public confidence.

Overall reaction to the public-facing materials was very positive. A number of recommendations for further development include clarifying the difference between the National Pandemic Flu Line Service and the Pandemic Flu Information Line, and giving both services greater prominence in the materials. These proposals will be taken forward as we refine our communications.



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Understanding the NHS Number

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Ensuring that people know their unique NHS Number is a significant issue in pandemic flu planning. The NHS Number will be the main means by which people will be identified when they use the National Pandemic Flu Line Service to obtain antivirals during a pandemic.

All persons registered with a GP in the UK are issued with their own personal NHS Number (CHI Number in Scotland) and it serves as a unique patient identifier against their healthcare record.

Working with the NHS

The 2008/09 Operating Framework for the NHS made inclusion of the NHS Number mandatory in all relevant administrative and clinical systems. The 2009/10 Operating Framework reinforces the regular use of the NHS Number to improve data quality and reduce the number of mis-associated records. This will

also help to support the appropriate sharing of patient information across organisation boundaries in the delivery of patient care.

The NHS Connecting for Health NHS Number Programme has engaged with several NHS organisations to look at ways of increasing use of the NHS Number, supported by the development of NHS Number Information Standards and accompanying implementation guidance material. However, only limited public-facing work has been undertaken to date.

Working with the public

Given that the NHS Number is key to the National Pandemic Flu Line Service, the pandemic flu team initiated a public-facing pilot exercise, working closely with NHS Connecting for Health and local PCTs. We are in the middle of research activity to test our assumptions around public knowledge of the NHS

Number. Results are due in April and we will feedback on the pilot in future editions of Pandemic Flu News.

Email avril.satchwell@dh.gsi.gov.uk for more information on the pilot.

Links and Info

[View further information on the NHS Number](#)



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CATCH IT, BIN IT, KILL IT:

Reaching new audiences through web partnerships

From children to adults, the **CATCH IT, BIN IT, KILL IT** campaign continues to raise awareness of good respiratory and hand hygiene (RHH) – helping to slow the spread of cold and flu germs.

The latest stage of the campaign is targeting mothers of children under 11 by teaming up with well-known websites.

For example, MSN is reporting the campaign on its life and style web page and a Dirty Bertie leaflet, teaching children how easily germs spread, is available on the popular mothers' support group website, Mumsnet.

Play along

The homepage of childrens' TV channel NICK JR is also using Dirty Bertie to spread the word through a poetry writing competition. It has

games, a video and a **CATCH IT, BIN IT, KILL IT** children's nursery rhyme.

There are more interactive games on the children's online 3D virtual world of Bin Weevils. Children are encouraged to create their own Bin Weevil and use the games to follow the key steps of **CATCH IT, BIN IT, KILL IT**. Select the Bin Weevils link below and then click on 'play now'. The login details are:

Name: star-weevil

Password: login

To find the game, select 'bin', click on 'map', select 'bin side' and then 'Flem Manor'.

This access information is so you can easily view the game. Please do not share it with the general public, as it may affect our ability to evaluate the success of the project.



Links and Info

[Go to Mumsnet](#)

[View the campaign coverage on MSN](#)

[More information on the NICK JR poetry competition](#)

[Play the interactive Bin Weevils game](#)



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SPI advice on mixed antiviral stockpile

In November 2008, the Scientific Pandemic Influenza Advisory Committee (SPI) considered the scientific and clinical advantages and disadvantages of different usage patterns of a mixed neuraminidase inhibitor stockpile. The advice and considerations could not be made public at the time for commercial reasons. However, negotiations for doubling the UK antiviral stockpile have now been completed and the advice and related submissions are now available on the SPI website.

Links and Info

[View SPI statements](#)

Healthcare worker's attitudes to working during pandemic influenza

This paper reports the results of a qualitative study that explored 64 health

care workers' (HCWs) views about working during an influenza pandemic, in order to identify factors that might influence their willingness and ability to work and to identify potential sources of any perceived duty on HCWs to work. The results found that HCWs tended to feel motivated by a sense of obligation to work through an influenza pandemic. Perceived barriers to the ability to work included: being ill oneself; transport difficulties; and childcare responsibilities. Perceived barriers to the willingness to work included: prioritising the wellbeing of family members; a lack of trust in, and goodwill towards, the NHS; a lack of information about the risks and what is expected of them during the crisis; fear of litigation; and the feeling that employers do not take the needs of staff seriously. Although there are some barriers that cannot be mitigated by employers (such as illness, transport infrastructure etc), there are a number of remedial steps that can

be taken to lessen the impact of others (such as providing accommodation, building reciprocity, provision of information and guidance etc).

Ives, J; Greenfield, S; Parry, JM; Draper, H; Gratus, C; Petts, JI; Sorell, T; and Wilson, S. Healthcare worker's attitudes to working during pandemic influenza: a qualitative study. BMC Public Health 2009, 9:56

Links and Info

[View abstract](#)

Airborne influenza virus in a hospital emergency department

Size-fractionated aerosol particles were collected in a hospital emergency department to test for airborne influenza virus. Using real-time polymerase chain reaction, the authors confirmed the presence of airborne influenza virus and found that 53 percent of detectable influenza virus particles were within the



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respirable aerosol fraction. However, the question remains of whether this was viable virus and whether the quantities were sufficient to cause infection in a susceptible person. The fact that the start of the influenza season does not result in widespread nosocomial outbreaks would imply the infectivity of the viral material found could be limited.

Blachere, FM; Lindsley, WG; Pearce, TA; Anderson, SE; Fisher, M; Khakoo, R; Meade, BJ; Lander, O; Davis, S; Thewlis, RE; Celik, I; Chen, BT; and Beezhold, DH. Measurement of Airborne Influenza Virus in a Hospital Emergency Department. *Clin Infect Dis*. 2009 Jan 9

Links and Info
[View abstract](#)

Effectiveness of facemasks in households

This article reports on a prospective

cluster-randomised trial comparing surgical masks, non-fit-tested P2 masks, and no masks in prevention of influenza-like illness (ILI) in households. The trial involved 286 adults from 143 households who had been exposed to a child with clinical respiratory illness. The study found no significant protective effect from wearing masks. However, analysis of sub-groups demonstrated this was due to low compliance. Only 21 percent of household contacts in the face mask arm reported wearing the mask often or always during the follow-up period. A protective effect was found in the group who did continue to wear the mask for 'most or all' of the time. The level of compliance decreased over the five-day follow-up period.

MacIntyre, CR; Cauchemez, S; Dwyer, DE; Seal, H; Cheung, P; Browne, G; Fasher, M; Wood, J; Gao, Z; Booy, R; and Ferguson, N. Face mask use and control of respiratory virus

transmission in households. *Emerg Infect Dis*. 2009 Jan; 15(2):233-41

Links and Info
[View article](#)

Human cases of H5N1 in China

China has reported eight human H5N1 avian influenza cases so far this year (one is classified as a 2008 case because her symptoms date from December), five of them fatal. Although most of these cases have a history of poultry contact, six of them have occurred in provinces that have not reported outbreaks in poultry, raising concerns about asymptomatic infections in birds. The European Centre for Disease Prevention and Control (ECDC) released a threat assessment in January following the appearance of four confirmed human H5N1 cases in three weeks. ECDC concludes that the appearance of these cases over a three-week period does not indicate



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a change in the characteristics of the virus, but more probably the result of a combination of factors. These are: a natural increase observed at this time each year; increased exposure of populations in contact with poultry in the context of the preparation for the Chinese New Year; and heightened awareness and testing of potential cases.

Links and Info

[View ECDC threat assessment](#)