

# **Swine Flu**

## **Guidance for planners**

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## **SWINE FLU GUIDANCE FOR PLANNERS**

### **Swine flu: our experience so far**

1. The first wave of the swine flu pandemic saw a peak in mid to late July with estimates of over 100,000 new cases a week in England by the end of July. Numbers then declined rapidly and continued at a fairly low level until early September. Since mid-September the numbers have started to increase again, though less quickly than in the first wave of the pandemic. This recent upward trend suggests that we may now be experiencing the predicted second wave of swine flu.

### **New knowledge**

2. Predicting the likely course of a pandemic is not easy. At the start of the pandemic, there were very little data available on which to base projections of what might happen and so the range of possibilities was very wide.

3. Much more information has now become available, both from our own experience in the UK and from the southern hemisphere's experience of winter (the season when flu is normally most widespread). This improved understanding of the pandemic has allowed scientists to revise the scenarios that we might expect as we enter the second wave of the virus.

4. This new evidence suggests that although the number of cases continues to grow, the pandemic is evolving steadily in the UK and the second peak may be lower than originally thought. The worst-case planning assumptions can therefore be revised downwards.

### **Infection rates**

5. The additional information now available confirms earlier guidance that children under 16 are significantly more susceptible to the virus, and up to 30% may fall ill during this second wave. However, the worst-case clinical attack rate across the population as a whole has now been reduced from 30% to 12% between now and the end of the normal flu season. This means that in the peak week of the pandemic up to 1.5 million people may become ill and 5% of people could be absent from work,

compared to the 12% previously thought possible. It should be noted that this is in addition to normal winter absence rates. There is no change to the advice about the duration of illness: around 75% of people who become ill will recover within ten days, and those with complications normally between ten and fourteen days.

### **Severity of the virus**

6. Worldwide, the virus has remained very stable so far and remains relatively mild for most people. However, in a small proportion of people it does cause more severe illness and even death. The Scientific Advisory Group for Emergencies' (SAGE) view now, in the light of the latest evidence, is that in the worst case up to a further 1,000 people in the UK may die from swine flu<sup>1</sup>, spread across all age groups.

7. However, we should not underestimate the threat that swine flu still poses. The numbers of people being admitted to hospital with flu at this time of year is worrying and in the last four weeks, admissions to critical care have quadrupled. Some of the deaths and severe illness are occurring among the young and previously healthy people. It is expected that over this pandemic wave, up to a further 35,000 people may need to be admitted to hospital, with up to 5,300 requiring critical care. These figures do not take into account the potential benefit of vaccination.

### **Vaccination**

8. We must therefore continue to do all we can to protect those most at risk of serious complications. Scientists are clear that vaccinating those people in at risk groups will be highly beneficial in preventing more serious illness in vulnerable people. Swine flu vaccine is now becoming available to NHS and social care staff and those in high-risk clinical groups. It will be their key defence and it is important that they go for their vaccine as soon as possible.

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<sup>1</sup> Mortality from swine flu is in addition to the increased mortality normally seen in winter for various reasons, including the effects of cold and increased rates of circulating viruses including influenza viruses. These can exacerbate chronic health conditions such as cardiac or respiratory disease.

## **Possible scenarios for the coming winter**

9. Although the new information from experience of the virus to date suggests that we may not see a concentrated second peak, it is vital to remain prepared for the full range of possibilities. Modellers anticipate that swine flu may peak again between the end of October and mid November. Although it is expected that the pandemic H1N1 virus will supplant other H1N1 viruses, evidence from the southern hemisphere indicates that other types of flu virus, in particular H3N2 and Influenza B viruses continue to circulate. It is possible that the pandemic flu wave could then be followed by a subsequent outbreak of seasonal flu or other similar virus. It is also likely that the pandemic virus will continue to circulate in subsequent years as a seasonal flu virus. Although the virus currently remains stable, there is also the possibility that it might mutate in due course into a more aggressive strain, in which case a further wave might be more significant.

10. Similarly, as was seen in summer 2009, different areas of the country may experience significant pressures resulting from swine flu at different times. Some local areas may experience substantially higher peaks than the national averages suggest. Social care services, schools, businesses and local authorities therefore continue to need to ensure that they are prepared to respond to higher localised levels of infection.

## **Conclusion**

11. These revisions are welcome but are not a sign to relax. We are still likely to see substantial levels of sickness and the health and social care services are likely to come under considerable pressure. However, the NHS and the UK more widely has been preparing for a pandemic for years. Being as prepared as possible means that we have already begun – and will continue – to save lives and reduce the impact of the virus.