# HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Subject:		Pandemic Flu Preparations		
Date of Meeting:		HOSC 30 <sup>th</sup> September 2009		
Report of:		The Director of Public Health		
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Wards Affected:	All			

### FOR GENERAL RELEASE

# 1. SUMMARY AND POLICY CONTEXT:

1.1 The attached paper outlines preparations for the pandemic flu in Brighton and Hove with particular regard to a second wave / surge in flu activity.

### 2. **RECOMMENDATIONS**:

2.1 The HOSC are asked to note the report

### 3. BACKGROUND INFORMATION

- 3.1 Pandemic swine flu first appeared in the UK in April 2009. A peak of activity (150 cases /100,000) occurred in early July. The first wave is now over as was predicted.
- 3.2 A second wave is anticipated in the autumn which, in the light of winter weather and the potential for increased transmission could be more severe. The PCT, City Council and Health partners across the city have and continue to jointly plan to deal with the pandemic.
- 3.3 The antiviral centre continues to operate and antiviral medication will be a central plank of dealing with any second wave. When appropriately administered, antivirals are known to be effective in reducing the duration of the illness in individuals and therefore reducing transmission in the community.

Initially antivirals were prescribed to contacts now they are restricted to patients with the flu and a judgement is made between patient and doctor as to whether antivirals will help.

The costs of antiviral medication is being borne by central government.

Early side effect profiles following administration of antivirals suggest that side effects may be greater than originally anticipated. These are largely gastro-intestinal and short lived. Between 20 and 30% appeared to suffer from nausea or abdominal pain.

Around 20% of those who have had severe complications or who have died following contracting swine flu in the UK were patients who were otherwise completely healthy. A total of 70 people died in the first wave of swine flu in the UK.

3.4 A vaccine campaign will start in the autumn targeting those members of the community most at risk of severe complications following a flu infection. These include those at risk or seasonal flu complications and pregnant women. In addition those people living with relatives who are immune-suppressed and front line workers delivering healthcare will also be offered the vaccination.

#### 4. CONSULTATION

4.1 The MART-flu (Management and Response Team for Pandemic Flu) is the city-wide organisation concerned with planning the city's response to the pandemic and this is where discussion and consultation take place. All key statutory organisations are represented on the MART-flu.

#### 5. FINANCIAL & OTHER IMPLICATIONS:

**Financial Implications:** 

5.1 The vaccine will be provided free of charge with GPs paid a fee of just over £5 for each vaccine administered. Healthcare organisations will be expected to vaccinate their own staff. A large number of Council staff are likely to require vaccination.

Legal Implications:

5.2 N/A

Equalities Implications:

5.3 No inequalities issues have been identified with regard to flu planning at this stage.

### Sustainability Implications:

5.4 N/A

# Crime & Disorder Implications:

5.5 The antiviral drugs are stored in a secure location.

## Risk and Opportunity Management Implications:

5.6 There is a possibility that the city's resources will be stretched to the extent that key services will be prejudiced. Plans are in place for example for the identification of vulnerable groups / patients / clients who require frequent care.

### Corporate / Citywide Implications:

5.7 The pandemic is a city-wide responsibility and under a memorandum of understanding statutory organisations are all contributing to the efforts to minimise the effects of the pandemic.

# SUPPORTING DOCUMENTATION

Appendices: None Documents in Members' Rooms: None

### **Background Documents:**

- 1. Powerpoint slide summary of swine flu pandemic
- 2. Paper presented to the PCT Board to provide assurance.
- 3. Updated planning assumptions from the Strategic Health Authority