

CIGNA Occupational Health Update H1N1 – Update 12

Current Situation

Worldwide

- Activity in the Southern hemisphere is decreasing or is now very low. Activity in the Northern hemisphere is progressively increasing. Those areas in the north that had relative low activity in the Spring/early summer have increased faster (e.g. France) than those with high activity (e.g. England).

UK

- Number of cases has shown a steady increase for the last few weeks nationally. Described by the English CMO as a “slow burn”. On current trend it is estimated that before May 2010:
 - 30% of population will be “attacked”.
 - At peak, up to 6.5% of population will have illness per week.
 - Absence rate in work force, due to illness, could peak to 12%.

These estimates are based on a reasonable worst case scenario. In the early stages, it must be assumed that vaccination (see below) will not have any mitigating effect on absence, as initially availability will be limited and it is to be provided to reduce illness in those likely to suffer severe problems.

- The rise in cases in N. Ireland and Scotland is faster than England, but in neither country are epidemic rates being seen.
- Critical care capacity in the NHS is now set to double if required.

National Pandemic Service

- The Service continues to distribute Tamiflu to those meeting symptom criteria.

Vaccination

- The European Medicines Agency has approved both vaccines ordered by UK – Pandemrix (GSK) and Celvapan (Baxter) - Pandemrix is not suitable for those with serious egg allergy.
- Normal seasonal influenza vaccination has started and both vaccines can be given together.
- Supplies will first be provided to hospitals to vaccinate frontline health and social care workers and are due to be delivered this week.
- Supplies to GPs are due to start next week, and the initial “tranche” should reach all practices by the end of the first week in November.
- Vaccine for commercial sale will not be available (i.e. outside the NHS) until all 9.5 million individuals with “at risk” medical conditions have been offered vaccination, plus health and social care staff. (“at risk” includes those carers who look after individuals whose immune system is compromised)*
- Further research in the US and UK has shown that those with asthma are particularly at risk, along with pregnant women.
- There is contradictory research on whether previous annual influenza vaccination provides any substantive protection. However, it is clear that those born before 1958 may have significant immunity to the current virus.

Discussion

- The second wave of this pandemic is currently not spreading as quickly as seen in the Spring in England. The US appears to be some 4-6 weeks “ahead” of the UK and cases have further increased.
- On current trend, I consider that the peak may be in late November, but possibly at Christmas.
- Vaccination is unlikely to reduce absence until the New Year, but should reduce the number of individuals who become seriously ill.

Advice

- Hand hygiene remains the most important measure to control spread of the infection. All colleagues should wash their hands on arriving at work and when they get home – **as a minimum**. Normal hand hygiene before meals and after visiting the toilet is appropriate.
- Enhanced cleaning of surfaces touched by customers, or colleagues who are off with influenza (and telephone hand sets), is appropriate.
- Colleagues who are presumed to have influenza, should be allowed to return to work 24 hrs after fever has abated (as long as the fever reduction is not due to medication).
- Exclusion from work for a mandatory 7 days is not appropriate, or recommended by UK Government. Reasonable worst case planning assumption is:
 - 50% of people will recover by 7 days
 - 25% by 10 days
 - 25% more than 10 days

Current epidemiology suggests that much more than 50% are back at work by 7 days.

- The UK does not recommend isolation of influenza contacts from work, if they are asymptomatic.

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***At risk groups:** (Vaccination to be offered in the order)

- Individuals aged 6 months to 65 years in current seasonal vaccine “at risk” groups (respiratory, cardiovascular, immuno-compromised, etc).
- All pregnant women
- Household contacts of immuno-compromised
- People aged over 65 in current seasonal vaccination “at risk” groups.