



CIGNA Occupational Health Update

H1N1v (Swine Flu) – Update 21st December 2009

Current Situation

Worldwide

- Influenza activity in the Northern hemisphere appears to have peaked and is now consistently falling. However, in the US the decline in numbers has significantly slowed; the latter appears to be related to the arrival of very cold weather.
- The possibility of a third wave is relatively high, as influenza viruses normally have a peak in January/February.
- H1N1 remains the predominant virus.

UK

- The number of cases has been consistently falling in all jurisdictions. In all regions, rates are now below epidemic levels (where previously set). The number of children under 5yrs with severe complications remains concerningly high.
- The number of consultations with GPs has decreased and is about the usual for this time of the year.
- In the UK, most disease continues to be mild, although the number of deaths have continued to rise slowly.

National Pandemic Service

- The Service continues to distribute Tamiflu to those meeting symptom criteria. The number of calls continues to have a decreasing trend.

Vaccination

- Vaccination of “at risk” groups continues and has been proceeding well. Vaccine continues to be delivered in a steady flow from both manufacturers. Vaccination of under 5s has started, although the Department of Health has failed to reach agreement with GPs on the terms; in essence Government will not agree that staff resource needs to be taken away from other audited tasks to do this work (in essence tasks that are the basis for remuneration of GP practices).
- Side effects/complications have been very low, compared with other vaccinations. Despite this, only 250,000 frontline health care workers (around 60%) have accepted vaccination, but this is much higher than normal every year for seasonal influenza.

Discussion

- The second wave of this pandemic appears to be declining in the UK. The real possibility of a third wave in January, with the arrival of cold weather (usually ideal for transmission), requires continuing vigilance. The illness still remains mild in most cases.
- Research into the benefits of Tamiflu are showing:
 - It does not prevent infection, if taken before exposure to infection.
 - It does not prevent complications of influenza, in those who did not previously have underlying medical conditions
 - It does shorten the illness by 0.5 to 1 days, if taken within 48 hrs of first symptoms.

The UK has spent £500M on influenza treatments so far, and is committed to £1Bn; some are questioning whether expenditure on such a large stock of anti-virals was justified, in the absence of scientific evidence for its use in otherwise healthy people. Across the planet £Bns have been spent on these medications, in financially constrained times.

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 employees who are off with influenza (and telephone hand sets) is appropriate.
- Employees who are presumed to have influenza, should be allowed to return to work 24 hours after fever has abated (as long as the fever reduction is not due to medication)

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