

SWINE FLU: FROM CONTAINMENT TO TREATMENT

INTRODUCTION

As Swine Flu spreads and more people start to catch it, it makes sense to move from intensive efforts to contain the virus to focusing efforts on treating the increasing number of people who have the disease.

Following the agreement of ministers in all four UK nations, and in line with our own Pandemic Flu plans, we made the decision on 2 July to move from containment and outbreak management policies to the treatment phase.

This paper is intended to provide clear information explaining why we have chosen to do this, what our plans are from now on and how these developments will affect the general public.

WHAT IS SWINE FLU AND HOW SERIOUS IS IT?

A new strain of Influenza A (H1N1), also known as Swine Flu, was confirmed in the UK in April and has spread to more than 100 countries around the world.

The most common symptoms are fever, sore throat, diarrhoea, headache, feeling generally unwell and a dry cough – in other words, symptoms very similar to seasonal influenza. Most people recover within a week, even without antiviral treatment.

Although symptoms have generally proved mild, a small number of patients will develop more serious illness. Many of these people have other underlying health conditions, such as heart or lung disease, that put them at increased risk.

WHAT MEASURES HAVE WE TAKEN TO CONTAIN THE VIRUS?

As little was known about the new flu virus when the outbreak started, it was sensible to take all necessary precautions to try and slow its spread while we learned more about it. To do this we:

- Tested patients suspected of having Swine Flu to confirm the infection;
- Offered antivirals to all patients suspected of or confirmed as having Swine Flu;
- Collected detailed information about these patients to learn more about how the virus affects people;
- Closed schools where medical advice deemed it appropriate;
- Traced people who had close contact with patients and gave them antivirals to try to prevent the flu from spreading more widely; a process known as prophylaxis.

During the containment phase we have had precious time to understand the characteristics of the new virus, to build up medical supplies and to make significant progress towards developing a vaccine.

WHY DID WE MOVE TO AN OUTBREAK MANAGEMENT APPROACH IN SOME AREAS?

There are now signs that the spread of the virus is accelerating. The number of new cases in the UK is doubling every seven days, and we have recently seen the development of hotspot areas, where Swine Flu is particularly prevalent.

As more people catch the virus in their communities rather than from abroad, it becomes less effective to carry on the intensive work to contain Swine Flu, especially when health services need to devote more time and energy to treat the increasing numbers who have the virus.

So on 25 June we announced that these hotspot areas would be able to relax their containment policies and move to outbreak management.

In these areas, health officials could stop tracing and offering antivirals to people who may have been exposed to the virus, and GPs could begin to confirm Swine Flu in patients by clinical observation.

This has provided local health services in the badly hit areas more scope to focus their resources on dealing with the increasing number of people catching the virus.

WHY ARE WE MOVING TO THE TREATMENT PHASE AND WHAT DOES THIS MEAN IN PRACTICE?

We have always been clear that, at some point, we will need to take the decision to move from containment to treatment across the UK. This will mean the NHS taking the lead as we establish national systems to deal with high numbers of Swine Flu cases.

We have drawn on advice from leading scientists and health experts to inform our decision, and on 2 July all four UK administrations confirmed the decision to move to the Treatment phase.

In practical terms, this will mean that across the country:

- GPs will be able to diagnose Swine Flu on the basis of symptoms rather than waiting for laboratory testing.
- All contact tracing will now cease, and we will stop giving antiviral drugs to people who may have been exposed to the virus.
- Anyone who has contracted Swine Flu should continue to be offered antivirals until further notice.
- It will remain a matter for clinical discretion to decide whether antivirals should be prescribed in individual cases, where doctors are contacted by patients with coughs, colds and the worried well.

Local primary care trusts will also begin to establish designated antiviral collection points in their local communities. These may be at a pharmacy or a community centre, depending on local need.

WHAT SHOULD PEOPLE DO IF THEY THINK THEY HAVE SWINE FLU?

- 1.** People should check their symptoms.
They can do this by:
 - visiting www.nhs.uk or by
 - calling the Swine Flu Information Line on 0800 1 513 513;
- 2.** If they still think they have Swine Flu, then people should call their local GP, who will be able to provide a clinical diagnosis over the phone.
- 3.** If Swine Flu is confirmed, the GP will give the patient an authorisation voucher which their Flu Friend can then take to the designated local collection centre to pick up antivirals.

WHICH GROUPS ARE AT GREATEST RISK OF SWINE FLU?

Some groups of people are more at risk of serious illness if they catch Swine Flu, and will need to start taking antivirals as soon as they are confirmed with the illness.

We are still learning more about the risk profile of the virus, but we already know that the following people are particularly susceptible:

- People with:
 - Chronic lung disease
 - Chronic heart disease
 - Chronic kidney disease
 - Chronic liver disease
 - Chronic neurological disease
 - Immunosuppression
(whether caused by disease or treatment)
 - Diabetes mellitus
- Patients who have had drug treatment for asthma within the past three years
- Pregnant women
- People aged 65 years and older
- Young children under five years old

It is vital that people in these higher risk groups get antivirals and start taking them as soon as possible – within 48 hours of the onset of symptoms. We will issue clear guidance to GPs on this.

WHEN IS THE NATIONAL PANDEMIC FLU SERVICE GOING TO BE UP AND RUNNING?

We appreciate that GPs surgeries and hospitals in the worst affected areas are now under pressure as cases are increasing in numbers.

The National Pandemic Flu Service will take pressure off them by allowing people with suspected Swine Flu to confirm (either online or via a dedicated call centre service) that they have the virus and receive an authorisation number for antivirals for collecting a course of antivirals.

We are at an advanced stage in preparing the system, and we expect the National Pandemic Flu Service to go live when it is needed. People will then be directed to use this service rather than contacting their GP if they have Swine Flu symptoms.

WHAT ABOUT A VACCINE?

As Swine Flu is a new virus, we have had to develop a new vaccine to deal with it.

We are making good progress and expect the first batches of vaccines in August, and 60 million doses – enough for half the population – are expected to be available by the end of the year.

We have ordered enough vaccine for the whole population but to reduce the impact of Swine Flu, we will focus vaccination on those at the greatest risk first.

AND FINALLY...

Although we are moving to a new phase in our response to this virus, it's important that people continue to do everything they can to stop Swine Flu from spreading.

The message to the public is to keep practising good respiratory and hand hygiene. In other words, remember to Catch it, Bin It, Kill It. Catch your sneeze in a tissue, place it quickly in a bin and wash your hands and surfaces regularly to kill the virus.

Useful contacts

Call **0800 1 513 513** to hear the latest information on swine flu.

England:

www.nhs.uk

www.direct.gov.uk/swineflu

Scotland:

www.nhs24.com

Wales:

www.nhsdirect.wales.nhs.uk

www.wales.gov.uk/health

Northern Ireland:

www.dhsspsni.gov.uk

www.nidirect.gov.uk

Calls to 0800 numbers are free from UK landlines. Mobile and other providers' charges may vary.

