

EPS(NI) Flu Pandemic Seminar 26th October 2006

Q&As following the Flu Pandemic Seminar

To: Dr Geoghegan on 2/11/06 - From my understanding of what was said at last week's excellent EPS's Flu Pandemic Conference on 26th Oct during the first cycle of up to 15 weeks there may be an infection rate of up to 50% spread over the duration of that cycle. However, there is likely to be a second cycle within 6 - 12 months of the first.

- a) What infection rate is predicted for the second cycle?
- b) What is the possible total infection rate spread over both cycles, possibly only separated by as little as 6 months?
- c) If someone catches the pandemic flu during the first cycle and survives will he/she be immune from it during the second cycle?

Dr Geoghegan's reply on 3/11/06 -

We cannot predict accurately when exactly the second wave of the pandemic would occur. All modelling work to date has been done with regard to the first wave of the pandemic - hence we do not have predicted clinical attack rates (infection rates) either for the second wave alone or for both waves combined.

Regarding immunity from infection during the second wave - it is not possible to accurately predict at this stage what level of immunity would be likely during the second wave - this will depend on a number of factors including the clinical attack rates (infection rates) seen in the first wave, whether the virus changes significantly between waves, whether a pandemic specific vaccine has been developed, how much of the population has been immunised with pandemic specific vaccine (if available).

Speaker Q&A Session from the Flu Pandemic Seminar

Q1 - In terms of the plans for Healthcare professionals, you said that the rate of people visiting GP's would go vertical, but GP's will get the flu won't they? So what are we to do or you to do to mitigate that?

A1 - (Dr. L. Geoghegan, DHSSPS) Well, as part of our contingency planning, we advise all the Boards and Trusts to engage with all their planning partners across the whole of the province, and as part of that the family practitioner services which includes GP's, are all actively planning, and the GP's are very aware that they could get sick and they are going to be under pressure like everyone else and they are factoring that into their contingency plans. Again, we are advising things like mutual aid, coalescence of practices, and encouraging people to be flexible in whatever approach they take, but to be aware that GP's are going to go down sick as well as everybody else.

Q2 - (Follow-on Question) Does that mean if you have got a bad back or a sore toe you are not going to be seen?

A2 - (Dr. L. Geoghegan, DHSSPS) We have advised and primary care is actively identifying what the core and critical business functions are and what would be maintained or not. What kind of health care issues can we put off for 15 weeks? We do need to think about the time span. So it is likely some services will have to be dropped, and services will be delivered in a different way, GP's and all healthcare providers working in a very different way because our main message will be to people to stay at home if at all possible.

Q3 - (Health Question) If they are talking about 50% of the people catching the flu, in terms of staff absences over a 15 week period, that is not 50% of your workforce all at once. How is it going to build up and come back down again and when the second wave comes will it have the same sort of rates?

A3 - (Dr. L. Geoghegan, DHSSPS) We don't have any indication of when the second wave would come, and it is very difficult until we see the first wave to anticipate what the second wave would be like. It is likely we will have a recovery period between both phases and how long that would be would maybe be a couple of months or up to a year, we don't really know. The figures we talk about are the overall figures over the 15 week period. We would anticipate the maximum impact will be between weeks 5 and 6 or 7, where we would see most new cases and most absences from work. So when we say 50% of the population may get ill, that is not 50% all the time over 15 weeks, that is in total at the end of it. When we count up we could get to 50% or slightly higher than that some weeks, or slightly lower, so we tend to talk about figures over all of the first wave, and it is very difficult to predict the second wave until we see what happens in the first wave.

Q4 - (Media Question) You mentioned about the educational message, could you give us your view in relation to the balance between education and scare mongering or panicking the population?

A4 - (Iain Webster, Network Media) I think it has got to be a question of timing really, you need to be in the educational phase now and you need to be delivering that at a softer level than you would if the pandemic was actually hitting. So, if the pandemic hits and nobody knows about it, then I think that is when you get the scare mongering coming in and the uninformed opinion being sought, people in the street explaining the tragedy which has befallen their family, and everyone then gets hysterical. If you can drip feed in the educational phase, the story lines, the information based pockets of information, if you can get those out in a way which does not scare people. You could be targeting the feature pages in the weekly papers and write the copy for them, they are so desperate to fill space. When I did some PR for Down District Council we actually wrote the stuff and it went in verbatim, so you could target the weekly paper and get it into people's consciousness that way, and then start to focus on the national and local papers, again feature based. You could also get onto talk shows on radio to start talking about the preparation and planning that is going together and the sheer horror that might one day befall everybody, at least 50% of the Country. Gradually if it builds up in people's minds that it is going to happen, I think they will be approaching it from a far more informed perspective and they won't accept scare mongering kind of stories, because they will know a little bit more about it. Again the website is a good way of getting your message across without relying on the media for every single bit of public information.

Q5 - (Planning Question) What we have been informed of is the role of the department in relation to taking a lead in the whole planning and implementation of planning associated with the pandemic, but I am mindful of the initiative that has been taken by the Eastern Health Board in its multi agency approach and a forum has been created. I don't know of anything in the Western area that is similar to that, but what I am seeing and hearing from my colleagues who sit on the Eastern Health Board is they see the benefit of it and I notice the benefit and I wondered is there something the Department can do to ask or advise at Board level that this is replicated through Northern Ireland. As far I am aware as a result of this morning's talk, I don't think the pandemic bug will suffer from altitude sickness and will get over the Glenshane Pass.

A5 - (Dr. L. Geoghegan, DHSSPS) Yes, as you rightly say from a health point of view, we lead on the strategy with regard to maximising our preparedness and managing a pandemic, and we lead on the health aspects. Obviously this is quite a unique situation because there is a much wider element as well, it is tricky as you act in the capacity as a lead department advising other departments. The Central Emergency Planning Unit co-ordinates the cross government planning, and that again is at a strategic level. From a multi agency level I think the work is hugely beneficial, whether we would replicate that verbatim across all of the areas in Northern Ireland I am not sure, but we do need to bear in mind that we are a fairly small population in general and UK terms we are 1.7 million people and we would be one of the smaller regions. If something has been done and can be extended fairly easily to other areas, then of course because that is always learning, but I don't think we should just replicate the multi agency set up across the province just for the sake of it.

A5 - (Dr. Anne Wilson, EHSSB) The multi agency approach in the Eastern Board grew out of a few of us getting together, because we saw in the plan as we build on local multi-agency arrangements. Each Board is as I understand is doing it, but they may be doing it in a different way and how big or all inclusive do you make it to each individual board, but we are learning as we go along and there is something about sharing together. It is new, and as I showed in my presentation, we do work with other organisations but where pandemic is concerned it is right across the community and there is not a natural forum. Different areas have different groupings and we do need to do more work and look at that because if you take an organisation like the ambulance service, they cannot input to 20 different organisations or groupings so we do need to do more work on it.

(Follow-on comment) Can I just ask then that the merits of your initiative are rolled out in terms of keeping the other health boards aware of it, and that if there is an opportunity to involve other agencies from other board areas, then it is considered because I see the work at first hand from my colleagues and I think it is very beneficial.

Q7 - (Health Question) It was stated that there are different strands to the pandemic, and we are not sure what strand would hit at what time, are there different vaccines available for the different strands, and how quickly are these going to be available to the public?

A7 - (Dr. L. Geoghegan, DHSSPS) Yes, we are in a unique situation in that we have currently avian flu circulating, and that may be the virus that causes the pandemic. We may get mixing of bird flu and another flu virus to give us a total different virus, so the issue of a vaccine is a tricky one. We would not have a vaccine specific to the virus

which is causing the pandemic until about 6 months after the pandemic hits. Some work is currently under way around H5N1, which is the bird Flu currently circulating, and a number of companies are quite a bit down the line developing a vaccine for H5N1. The policy and strategy around using that vaccine is being looked at in a national context. We may decide to immunise some people with that, even before we get a pandemic, with the hope that at least being vaccinated with the H5N1 will give us some cover. These are all tricky national policy decisions which would have to be taken, but if we are talking about a vaccine specifically for the virus causing the pandemic, it would be at least 6 months before we get it, as it has to be developed on the basis of the virus which causes the pandemic, and we have manufacturing and supply issues as well. It is likely whichever vaccine we get will be in short supply initially and we will have to undertake a prioritisation process for the way we deliver it.

Q8 - (Staffing Question) You mentioned during your presentation about reducing meter readings and going on estimates, how do you then redeploy the staff, are they already trained on other skilled areas?

A8 - (Les Drew, Viridian Group) That is one of the things which we will be proposing to look at in terms of multi-skilling staff. There are a number of things that they could be redeployed on. Some of them may be able to act in a labouring capacity assisting field staff on the network, some could act as call handlers. Some could even become office based staff, but we are starting to think about how we re-skill staff and be able to use them in a situation like that.