



Skipton House
80 London Road
London
SE1 6LH

Tel: 020 7972 2000

Direct Line: 020 7972 2833

E-mail: Keith.ridge@dh.gsi.gov.uk

Gateway reference 13523

Dear Colleague,

Pandemic H1N1 (2009) Influenza

With levels of influenza caused by the H1N1 (2009) pandemic virus in the community currently low, this letter provides an update on the next developments in the response to the pandemic.

Current situation

Though the rates of hospitalisation and admissions to critical care facilities have fallen, substantial numbers of patients are still receiving treatment in this way. Deaths from pandemic H1N1 (2009) continue to occur. The fall in complications from influenza tends to lag behind falls in incidence.

It is now clear that mortality from H1N1 (2009) influenza overall has been lower than in previous pandemics and in some 'flu seasons. However, the disease has disproportionately affected young people, and this is where most complications have occurred, particularly in those with pre-existing chronic illness. For example:

- Deaths from pandemic H1N1 (2009) influenza amongst younger adults have been more than 30 times higher than deaths amongst the same age group in the 2008 'flu season
- Rates of hospitalisation have been particularly high amongst the under fives
- Some people have been so seriously ill that they have required ECMO (Extracorporeal Membrane Oxygenation).

National Pandemic Flu Service

During the treatment phase of this pandemic, special arrangements were put in place in England for antiviral treatment. This included those with influenza

like illness (ILI), having access to early provision of antivirals from the general practitioner or via the National Pandemic Flu Service (NPFS) (a self-care service allowing patients with suspected H1N1 (2009) influenza to be assessed online or by telephone).

With the support of a range of professional organisations, and in particular those representing medicine and pharmacy, the NPFS has been very successful in easing pressure on GP services during the busiest times of the pandemic, allowing GPs to focus on those most ill and ensuring high volumes of people get access to antivirals when they need them. However, with indicators now show that NHS pressures from influenza like illness and confirmed pandemic H1N1 (2009), influenza infections are now less than half what they were 2 weeks prior to the NPFS being switched on. Therefore, in consultation with stakeholders, it has been decided to stand down the NPFS effective 1am Thursday 11 February 2010. The service can be restored in 7 days should it be needed.

Therefore, from 11 February 2010 onwards, antivirals will only be authorised via health care professionals using either antiviral authorisation vouchers or the right hand side of FP10s (endorsed "ACP"). This allows us to continue to provide antivirals from a central stockpile free of charge. It also provides a safety checklist of dosages. Antiviral collection points will continue to function until the end of the 'flu season.

The Government's main scientific advisory group (SAGE) has reviewed antiviral policy and advised that GPs can continue to make antivirals available to all patients with influenza like illness subject to their clinical discretion and that this policy should continue to the end of the seasonal 'flu period – the end of March 2010.

Full details on arrangements for antiviral prescription and collection (including the continuing role of antiviral collection points and the manual algorithm for assessing patients) can be found in a letter to the NHS from Ian Dalton, National Director of NHS Flu Resilience:

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_111543

The continuing importance of vaccination

It is extremely important that we do not allow the current low levels of influenza like illness and the stand down of the NPFS to allow a sense of complacency.

There is still considerable uncertainty about how the virus will behave over the coming months and years. Experts advise us that it is likely that pandemic H1N1 (2009) will be the predominant 'flu virus in the 2010 influenza season. The 2010 season may come earlier than usual and there may be outbreaks sparked by returning travellers from countries affected by the southern hemisphere 'flu season which starts quite soon.

There is also a risk that the genetic composition of the pandemic H1N1 (2009) will “drift” during its passage through the world and return to the United Kingdom to a cause a more severe illness.

Currently, many people have felt reassured by the fall in disease incidence, and the relatively mild self-limiting illness that has characterised most people’s infections. However, when the virus does return, even without any genetic “drift”, deaths and hospitalisations including amongst younger people cannot be taken lightly since the illness is now vaccine-preventable.

Deaths however small relative to previous pandemics, are tragedies for families and could, with vaccination, be avoided.

The adjuvanted H1N1 (2009) pandemic vaccine has major advantages associated with it. It gives a higher level of immunity to individuals – particularly important for those with a poorer immune response. It may give long lasting immunity and it is likely to protect against drifted strains.

This is why I am asking for your help. I would please ask you to remind the patients and members of the public you see in your practice, who are in the at-risk groups and who may not yet have been vaccinated that the vaccine is available from their GP.

To remind you these people are:

- Individuals aged over six months and in the seasonal at-risk groups
- Pregnant women
- Those who live with immunocompromised individuals
- Children aged over six months and under five years

Thank you for all the work you have done so far in combatting this disease.

If we can protect many more before the next ‘flu season starts then I believe lives can be saved.

Yours sincerely

A handwritten signature in black ink, appearing to read 'K.W. Ridge', with a long horizontal flourish extending to the right.

Dr Keith Ridge
Chief Pharmaceutical Officer (England)