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6 January 2011

Dear Colleague,

Seasonal Flu

I am writing to update you on this year's seasonal flu outbreak, and to advise you of the action which we are taking to help mitigate its effects. Although I am sure you will already have spoken to your local NHS organisations in order to understand how they are responding, I thought this letter would also help you gain a better understanding of the overall situation.

About flu

- Each winter, the seasonal flu virus circulates, and this year is no exception. Last year, there was an outbreak of pandemic flu, when a new flu virus emerged (H1N1, or 'swine flu') against which humans (particularly those aged under 65) had little or no natural immunity.
- Because a pandemic flu virus emerged last year, our pandemic preparedness plans were triggered. These plans entailed the mass distribution of 'antiviral' drugs, the launch of the 'National Flu Line', and a blanket 'Catch it, Bin it, Kill it' advertising campaign designed to help members of the public understand how they could limit the spread of flu.
- There is no flu pandemic this year, so these plans have not been triggered. Although the H1N1 virus is circulating, it is now one of the seasonal flu strains. This is because when it circulated last year, it helped to establish a residual level of immunity in people exposed to it, which means that H1N1 now circulates like other seasonal flu viruses.

About this year's flu viruses

- Each flu season, there are two or three strains of flu virus that circulate predominantly in the northern hemisphere. These are identified in advance of the flu season by the World Health Organization (WHO).
- This year, the WHO notified us that the three strains of flu virus it expected to circulate the most were the influenza A viruses H1N1 'swine flu' and a H3N2 strain, along with a strain of influenza B virus.
- Here in the UK, two of these three strains of flu are circulating widely: H1N1 and influenza B. H1N1 is the predominant virus, and is behaving – as expected – as it did last year. This means that H1N1 is likely to infect younger people – particularly those with underlying disease – and pregnant women. As with all flu viruses, both H1N1 and influenza B can trigger severe disease in some people, with those with certain underlying health conditions at particular risk.
- A seasonal flu vaccine is available this year, as in previous years. This vaccine protects against all three strains of flu which the WHO identified would be most likely to circulate this year. Surveillance data shows that these strains are circulating and that the vaccine is a good match.
- We are aware of some reports of supply issues in some areas. We are working with NHS at the local level to ensure available supplies of surplus vaccine are moved to where they are needed. If efforts to source seasonal flu vaccine locally are not successful, the H1N1 monovalent vaccine (Pandemrix, manufactured by GlaxoSmithKline) is being made available to GPs, for patients who are eligible for the seasonal flu vaccine. GPs are asked to use locally held stocks of Pandemrix first. PCTs can place orders for further supplies of H1N1 for their GPs via the ImmForm website (www.immform.gov.uk); the vaccine ordered by PCTs will be delivered directly to GPs, similar to the arrangements in place last winter.
- I have already agreed for a review of procurement options to be undertaken, including central procurement, although no decision has yet been made.

- As in previous years, and on the basis of procedures which have existed for decades, the Government takes expert advice from the Joint Committee on Vaccination and Immunisation (JCVI). This year, as last year, the JCVI advised that those aged 65 and over, and those in clinical at-risk groups, should be vaccinated. Like previous years, the JCVI has not advised that **healthy** under 5s should be vaccinated with seasonal flu vaccine, although we are strongly encouraging parents of young children in at risk groups to get their child vaccinated. However, because of the specific characteristic of the H1N1 virus, the JCVI also advised for the first time that healthy, pregnant women should be vaccinated with seasonal flu vaccine.
- A list of groups for whom vaccination is recommended is appended to this letter. The JCVI has recently assured me that this advice is appropriate for this year's flu season. As MPs, we should be mindful of our responsibility not to undermine public health immunisation programmes by disseminating misleading information which runs counter to this advice.
- As in previous years, only certain groups are being targeted for vaccination. We have therefore focused our efforts on ensuring that these groups are vaccinated. Current information for vaccinations given up to 2 January 2011 shows that 70.0% of over 65s have been vaccinated and 45.4% of those in clinical at-risk groups have been vaccinated, which is broadly in line with previous years.

This year's levels of flu

- The latest data indicate that the rate of GP consultations for influenza-like illness (ILI) is currently 98 per 100,000 people but we need to be cautious about interpreting the data due to the holiday period. The highest recorded level this year was 124 per 100,000, which is lower than that recorded during the pandemic last year and below the epidemic level of 200 per 100,000 people. Nevertheless, given that they reached these levels I have taken the decision to reinstate the 'Catch it, Bin it, Kill it' campaign during this flu season.
- The data also indicate that flu has been circulating at a higher rate in younger children than in adults. This is normal for a flu season, and younger children tend to be presented (by their parents) to the NHS in greater numbers than adults who present.

- Data indicate that this year's flu has resulted in greater-than-usual numbers of patients requiring critical care. These patients have largely been infected with H1N1, and the pattern is consistent with H1N1's characteristics last year. As a result, where necessary, local NHS organisations have increased their critical care capacity, in part by delaying routine operations requiring critical care back-up. This is a normal operational process which is initiated by NHS organisations at the local level, and it is important to remember that critical care capacity is not 'fixed' but is always able to flex in this way according to local need.
- In addition, over the last month we have increased the number of so-called 'ECMO' beds – for patients with the most severe disease – from 5 to 22. This level of ECMO capacity is well in excess of that available, for example, in the United States.
- For the first time ever, we are making available a range of winter performance management information publicly available. Should you wish to know more, this is published on the Winterwatch section of the Department's website; available here:
<http://winterwatch.dh.gov.uk/>.

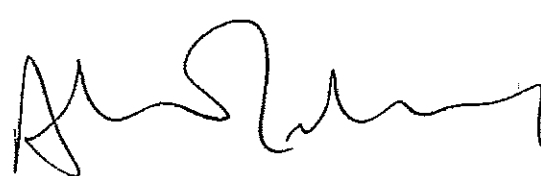
The action we are taking

In summary, we are taking the following action:

- The first line of defence against flu is vaccination, and we want to see vaccination rates increase still further. That is why we are currently working with the BMA and RCGP to ensure everyone in an at risk group who hasn't been vaccinated contacts their GP and books an appointment.
- The second line of defence is to practice good respiratory and hand hygiene. That is why we reinstated the Catch it, Bin it, Kill it campaign. In addition, and in advance of the new school term, we are encouraging parents to educate their children to use good hand and respiratory hygiene.
- The third line of defence is a well prepared NHS with the ability to treat those who do need help. That is why we are working with local NHS organisation to help them escalate critical care capacity where

- necessary, and have increased the number of ECMO beds available for patients.

There is always more pressure on the NHS during the winter, but I would like to assure you that the NHS is well-prepared and is coping well. I hope this information is helpful to you as well as providing material to respond to your constituents.

Yours sincerely,


ANDREW LANSLEY CBE

At-risk groups

Regular immunisation (vaccination) is given free of charge to the following at-risk people, to protect them from seasonal flu:

- people aged 65 or over
- pregnant women
- people with a serious medical condition (see below)
- people living in a residential or nursing home
- the main carers for an elderly or disabled person whose welfare may be at risk if the carer becomes ill
- healthcare or social care professionals directly involved in patient care
- those who work in close contact with poultry, such as chickens

Serious medical conditions, which put people at risk of flu, are:

- chronic (long-term) respiratory disease, such as severe asthma, COPD or bronchitis,
- chronic heart disease, such as heart failure,
- chronic kidney disease,
- chronic liver disease,
- chronic neurological disease, such as Parkinson's disease or motor neurone disease,
- diabetes, or
- a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment).