

Swine flu: are you prepared?

The flu pandemic is expected to peak as the winter approaches. Sharon Fox and Stuart Notholt provide the crucial information that all nurses need

Summary

The UK is well prepared for the flu pandemic but it is expected to put considerable strain on the NHS, including mental health services. This article brings together information that clinical staff need to know to minimise disruption and to ensure high-quality services continue to be provided for people with mental health problems.

Keywords

Influenza, pandemic, epidemic

THE WORLD Health Organization (WHO) raised its pandemic influenza alert to phase 6 in June – the final alert phase, indicating a global pandemic. This is the first time a world pandemic has been declared since the 1968 Hong Kong flu outbreak. While this was significant, it did not mean WHO thought the outbreak was more serious; it was simply a measure of the extent of global spread and it did not automatically trigger a change in the way the virus is being dealt with in the UK.

So far, in the UK, the disease caused by the influenza virus A(H1N1) ('swine flu') has been mild in most people, although it has been more severe in a small number of cases, and there have been a number of deaths. As the pandemic progresses, we need to ensure that organisational plans have the resilience and the flexibility to address emerging issues, particularly if, as is possible, the pandemic occurs in more than one wave.

What is a pandemic?

Pandemics are natural phenomena. There were three in the past century: the so-called Spanish flu of 1918-19, in which between 20 million and 40 million people died worldwide, with peak mortality rates in people aged 20-45 years – the 'Asian' flu of 1957-58 and 'Hong Kong' flu of 1968-69.

While the later pandemics were less severe than the 1918-19 flu, they caused significant illness, mainly in the young and older people, and an estimated one to four million deaths each. A flu pandemic can occur either in one wave or in a

series of waves, weeks or months apart. Pandemic flu occurs when an A virus subtype emerges or re-emerges, and it is characterised by being:

- Markedly different from recently circulating strains.
- Readily transmissible from person to person.
- Capable of causing illness in a high proportion of those infected.
- Able to spread widely because few, if any, people have natural or acquired immunity to it.

Current situation

The early weeks of the swine flu outbreak in the UK were characterised by cases detected among schoolchildren, resulting in the closure of some schools and the treatment of pupils, teachers and family members with antivirals as prophylaxis to slow the spread of the virus. As the country moved into a general 'treatment' mode at the beginning of July, the approach changed to the dispensing of antivirals to symptomatic patients only, following an assessment in primary care.

The symptoms of A(H1N1) virus are:

- Sudden high fever (temperatures of 38°C and above).
- Sudden cough.
- Headache.
- Muscle and joint pain.
- Sore throat.
- Runny nose.
- Sometimes vomiting and diarrhoea.

Vaccines

An announcement was made in August identifying priority groups for vaccination when vaccines become available. The following will be the first to be given the A(H1N1) swine flu vaccine:

- People aged between six months and up to 65 years who are in clinical at-risk groups for current seasonal flu.
- All pregnant women (subject to licensing considerations on trimesters).
- The household contacts of immunocompromised individuals.

- People aged 65 years and over who are in at-risk groups for seasonal flu.

Frontline health and social care workers will be offered the vaccine at the same time as the groups listed above as they are at increased risk of infection and of transmitting flu to susceptible patients.

It is important that organisations encourage the uptake of both seasonal and swine flu jabs by all staff and service users who are eligible.

Antiviral medicines

Antiviral drugs (such as Tamiflu and Relenza) do not cure flu, but if taken early enough they can reduce the duration of illness by about a day and reduce the risk of developing complications. The majority of people who have flu symptoms can take Tamiflu capsules. However, for those who cannot take Tamiflu, such as pregnant women, the treatment choice would be Relenza. Above all, everyone needs to try to reduce the spread of the illness by staying at home if ill, and practising good respiratory and hand hygiene, in line with the *Catch It. Bin It. Kill It* campaign messages (Box 1).

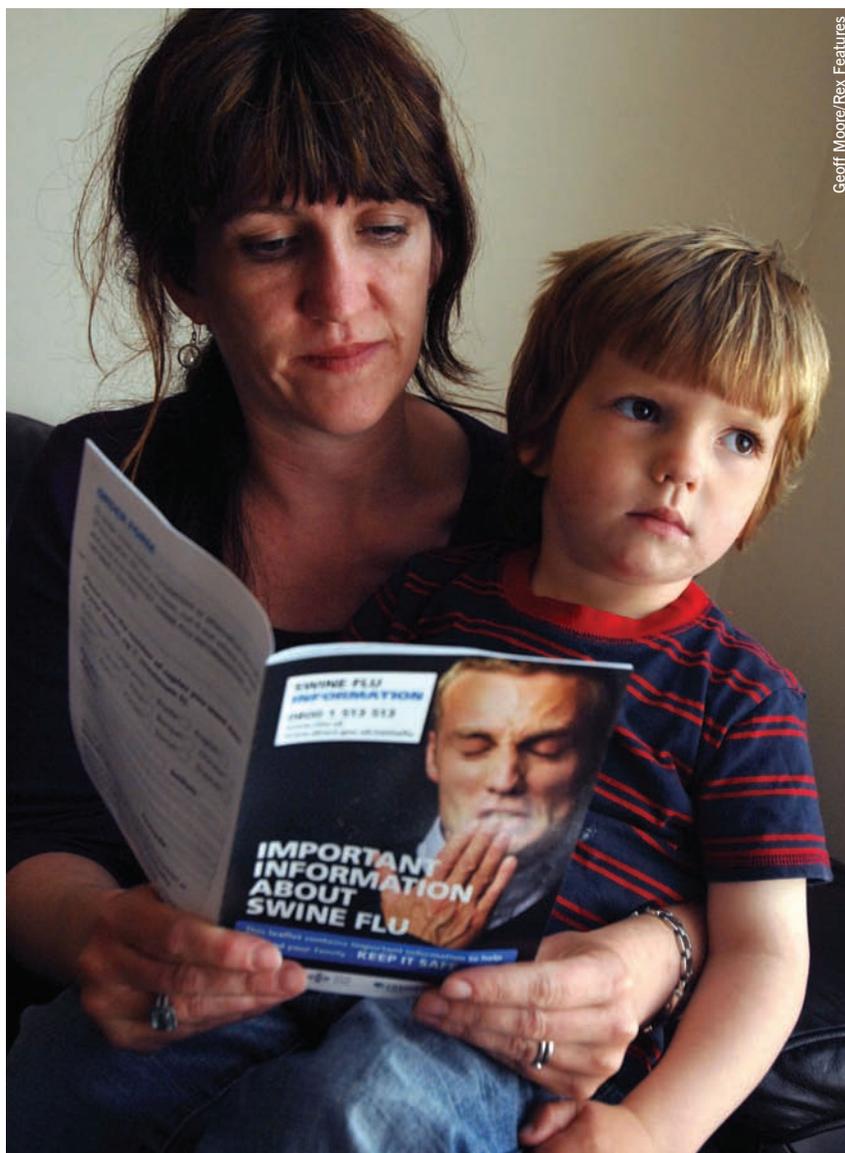
National Pandemic Flu Service

The National Pandemic Flu service (NPFS) was launched in England on July 23. The web address is www.direct.gov.uk/pandemicflu. The website is available 24 hours a day and is designed to identify the symptoms of swine flu and to provide authorisation to access antivirals. Two telephone lines are also open from 8am to midnight. People should call 0800 1 513 513 for general advice on swine fly and 0800 1 513 100 to access treatment via the NPFS.

The NPFS aims to relieve pressure on primary care services so they can concentrate on maintaining and delivering existing services. Its focus is to:

- Provide antiviral treatment to all those who need it within the desired time frame, while enabling people who have flu to stay at home.
 - Reduce the burden on front line primary care services as far as possible by providing a separate route to access and collect antiviral medicines.
- However, people should contact their doctor directly rather than using the NPFS if:
- They have a serious underlying illness (explain what these are/what they mean).
 - They are pregnant.
 - They have a sick child under one.
 - Their condition suddenly gets much worse.
 - If their condition is getting worse after seven days (five days for a child).

If swine flu is confirmed, the GP will issue an authorisation voucher, which a 'flu friend' can take to an antiviral collection point to get the antivirals.



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Box 1 The outline patient pathway

- Symptomatic individuals or the 'flu friend' will use the National Pandemic Flu Service (NPFS) website or ring the telephone line, where they will be taken through a clinical algorithm to determine whether antivirals are appropriate.
- A unique authorisation number will be generated, if appropriate. The friend will take this number, along with proof of identification for the symptomatic individual (and proof of their own identity) to an antiviral collection point.
- At the collection point, the authorisation number and ID information will be checked to ensure it matches the information provided when the assessment of symptoms was completed.
- The collection point will reconfirm certain details with the flu friend to ensure the correct antiviral is provided in the correct dose. The flu friend will also be given a leaflet on self-care for the ill person. This will include advice on what to do if there is an adverse reaction.
- However, people should contact their doctor directly rather than using the NPFS if they have a serious underlying illness, are pregnant, have a sick child under one, their condition suddenly gets worse, or their condition is getting worse after seven days (five days for a child).

Box 2 Actions for chief executive and their boards

- Appoint a full-time director level lead, dedicated to flu preparedness and resilience with immediate effect. This can be a single individual or a responsibility shared between directors, but the person/people involved must provide visible, full-time, senior leadership and ensure a well-resourced team on this issue.
- Stress test pandemic preparedness plans to ensure that the provision of high-quality care to flu and non-flu patients now and during a second wave of up to five months can be sustained.
- Understand and test the capacity constraints that may be caused as the consequence of increased demand and workforce sickness absence. This includes – but is not limited to – clinical areas that are likely to face most flu-related pressures. *Pandemic Flu: Managing Demand and Capacity in Health Care Organisations (Surge)* (Department of Health (DH) 2009a) guidance and the NHS Employers/DH document *Pandemic Influenza: Human Resources Guidance for the NHS* (DH 2008) will help with this work.
- Engage in discussion with trade unions about introducing a staff vaccination programme and wider communications to, and support for, staff. The NHS will encourage as many staff as possible to participate in the vaccination programme to protect themselves, their families and their patients.
- Build on existing relationships with local partner agencies to ensure that their role, channels of communication and ways of working during any second, sustained wave are clear.

Sources of information

- The Department of Health has launched a section on its website to provide information and guidance for NHS professionals: www.dh.gov.uk/en/PublicHealth/Flu/Swineflu/InformationandGuidance/index.htm
- *Pandemic Influenza: Guidance on Preparing Mental Health Services in England*, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085925
- *Pandemic Flu: A National Framework for Responding to an Influenza Pandemic*, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734
- *Pandemic Influenza: Guidance for Infection Control in Hospitals and Primary Care Settings*: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080771
- Launch of the National Pandemic Flu Service: letter from the NHS chief executive David Nicholson to NHS staff: www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/DH_103225
- *Letter to NHS: From Containment to Treatment*: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102094

What is a ‘flu friend’? Flu friends are neighbours, friends, relatives or health or social care staff who can help an individual if they get ill. For example, if the sick person has difficulties accessing the website or the NPFS’s telephone diagnostic system, he or she could help complete the questions necessary for a diagnosis. If the person is allocated antiviral medication, the flu friend could be the person to collect it. They could also pick up food and other supplies so that the ill person does not have to leave home while they are unwell.

Primary care organisations should have plans to address the needs of those individuals who do not have flu friends but require support to get antiviral drugs and other assistance during a pandemic.

Preparedness in mental health services

The health service is well prepared to deal with a flu pandemic. Preparations include excellent stocks of antivirals and antibiotics, as well as plans to vaccinate people when the supplies of a vaccine become available.

Now is the time to review and test local plans to ensure that the NHS is able to cope with the increased number of cases, which could put severe pressures on the service, while ensuring that all patients continue to receive high-quality care.

Effective resilience planning is a key governance issue. While all staff groups have a role, primary responsibility for this rests with chief executives and their boards. Director for NHS flu resilience Ian Dalton has written to all chief executives asking that they formally publish a statement of readiness against the DH guidance (2009a) at their September board meetings (Box 2).

Staff support

Staffing is a critical issue. Some organisations may experience staff absence of up to 25 per cent at some stage during a pandemic because of sickness and caring responsibilities, particularly if many schools have to be closed. A comprehensive register of staff skills and potential reserve staff should be in place to ensure essential cover and safe levels of care. For example, existing guidance recommends that staff who leave the organisation should be asked to be available to assist during a pandemic.

Business continuity plans need to explore all options for supplementing staff rotas, such as using recently retired staff who are still eligible to practise. Boosting numbers of staff with scarce skills in the short term may be advisable in some specialist areas.

Maintaining professional training arrangements may become an issue and national advice

will be provided by the DH and regulatory bodies, if programmes need to be suspended or extended. Keeping staff representatives informed and ensuring morale remains good are essential to mitigate the effects of what may be a sustained state of high alert.

Organisations will have used the summer to test their workforce plans against a range of scenarios. Existing DH and NHS Employers guidance sets out which areas of human resource policy will need to be reviewed to ensure effective working during the pandemic, for example absence policy and working time. There is a need to ensure that healthcare staff have been fully briefed on their role in the pandemic and have an opportunity to seek assurances from their organisations about the support they can expect to receive.

Some staff may not attend work during a pandemic for fear of infection, reducing yet further a workforce already depleted through illness and the need to care for sick relatives.

It is important that staff receive the appropriate support from managers to enable them to carry out their roles in a pandemic. This should include training for staff in managing the physical health needs of service users, infection control training and the use of personal protective equipment, such as surgical masks.

It is also vital that staff have access to support and supervision from managers and senior clinicians to facilitate question and answer sessions on the organisational response throughout the course of the pandemic. Guidance on psychosocial care for NHS staff in a pandemic was published in July (DH 2009b).

Service user support

A flu pandemic will pose major challenges to the operation of all sections of the health economy, with specific issues for those working in mental health practice. We know that even under ordinary circumstances, mental health patients can frequently be isolated and vulnerable in the community.

The distribution of antivirals to the general public relies on the use of 'flu friends' as described above. Clearly, this raises an issue for those who do not have contact with family or neighbours, or indeed lack the skills and knowledge to seek help. In a widespread pandemic, we will need to ensure that the needs of all vulnerable or inaccessible patients, their carers and families are met. This may involve social care and mental health professionals acting as 'flu friends' for vulnerable clients.

A further issue that will need to be addressed is the case of service users who are reliant on

the consistency of regular care and treatment delivered by the same trusted carer. Their regular carer may become unavailable, through illness or redeployment, and communicating the reasons for a change in care arrangements may present a challenge. We also need to engage with third sector organisations who work in the learning disability and mental health areas who, in many cases, will have developed specialist communications to reach their client groups.

Conclusions

The UK is regarded as one of the best prepared countries in the world when it comes to dealing with an influenza pandemic. Over the past four years, the Pandemic Influenza Preparedness Programme at the DH has worked with NHS and social care organisations to enable them to prepare for situations such as the current outbreak of swine flu.

Nevertheless, a full-scale pandemic will have a major impact on all areas of the healthcare economy. It is essential that all healthcare organisations test their pandemic plans so they are prepared to meet the potential challenges of the coming winter.

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Implications for practice

- Follow the Department of Health guidance: *Catch It. Bin It. Kill It.*
- If you are ill with flu-like symptoms, stay at home, do not go to work.
- Have an annual flu jab.
- Encourage service users to have their flu jabs if they are in the at-risk groups.
- Know your organisation's flu plan and the roles that will be expected of you.
- Ensure that you are up to date with the Nursing and Midwifery Council's statement on pandemic flu. Visit www.nmc-uk.org/aArticle.aspx?ArticleID=3689
- Service user and carer education about recognising the symptoms of flu, access to antivirals and the use of flu friends need to start now.

The information contained in this article was correct at the time of going to press in late August

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