

Borders NHS Board



UPDATE ON H1N1 VIRUS IN THE BORDERS

1. Aim

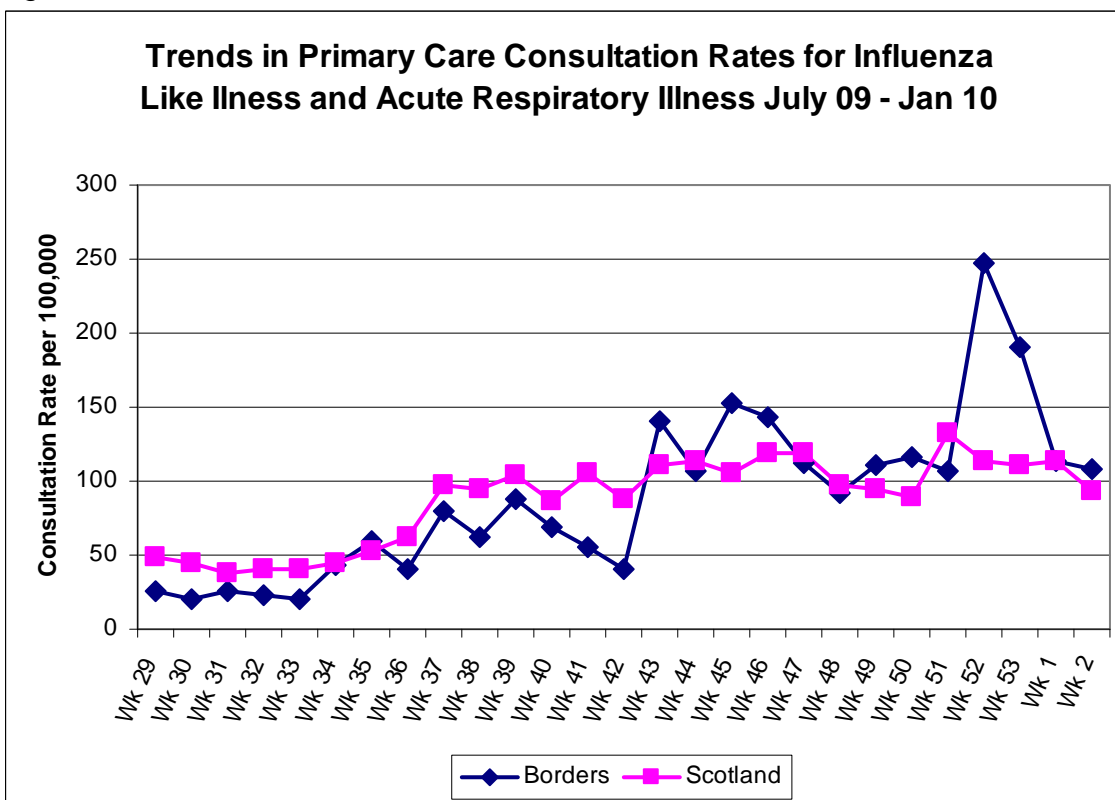
To update the Board on the current position with the H1N1 Flu Pandemic and NHS Borders ongoing management, planning and preparedness.

2. Summary of Current Position

2.1 Epidemiology of H1N1

Information from the Health Protection Scotland (HPS) Situation Report which includes data for the week ending 18^h January shows that there has been a fall in the consultation rate for influenza-like illnesses (ILI) across Scotland from 112 per 100,000 to 93 per 100,00 compared to the previous week. The equivalent figure reported to the Board on 3rd December was 112 per 100,000. For the Borders, the consultation rate in this period has decreased from 112 per 100,000 to 108. The equivalent figure reported to the Board on 3rd December was 143 per 100,000 (see Figure 1 below).

Figure 1:



Based on modelling of the number of positive swabs, it is estimated that across Scotland 1320 people consulted their GP regarding H1N1 in the week ending 18th January. As not everyone consults their GP it is estimated that there have been 3770 new cases during this period across the country.

A further 12 people, confirmed as having influenza H1N1v infection, required hospital admission in Scotland in the last week. The cumulative total of laboratory confirmed hospitalised cases in Scotland is 1513. Borders has had 40 hospitalised cases in total. The equivalent figures reported to the Board on 3th December were 1104 for Scotland and 27 for Borders.

The total number of deaths from confirmed Influenza A H1N1v cases in Scotland is now at 66. The equivalent figure reported to the Board on 3th December was 41 deaths. Three of these have been residents of NHS Borders with significant underlying conditions.

The Health Protection Agency (HPA) Weekly National Influenza Report for week ending 17th January stated influenza/influenza-like illness (ILI) consultation rate decreased in all schemes across the UK and is below annual baseline levels

Considerable uncertainty still remains about the future timing and impact of H1N1 in the Borders, however the trend in national consultation figures, combined with a lower positivity rate from swabs and reductions in hospitalisations, suggest that the second wave of the pandemic may have peaked in Scotland.

2.2 Antiviral Medicines

The UK remains in the 'treatment' phase of the pandemic. In the event that a Scottish Flu Service is activated, NHS Borders has developed an Antiviral Distribution Plan to meet increased demand for antiviral medication.

The number of prescriptions for Tamiflu remains low in the Borders.

In the event pressure on primary care services escalates and reaches a point when the numbers of people presenting with influenza like illness are unmanageable, plans will be implemented to protect primary care services. This may involve Scotland joining the National Pandemic Flu Service.

3. Flu Planning and Preparedness

The Flu Business Group, chaired by the Director of Integrated Health Services, no longer meets regularly but members continue to manage work around the NHS Borders Pandemic Flu plan.

3.1 Vaccination Issues

Health & Social Care Staff

The H1N1 Vaccination Programme has been on-going since late October. A successful vaccination programme for frontline healthcare staff is basically complete. Uptake by NHS staff in the occupational risk groups has been extremely good with Occupational Health Services vaccinating around 2,225 staff as at 15 January. This figure represents a 71% up-take based on the numbers of eligible staff initially identified, however a small

percentage of non-frontline staff have are included in these figures (vaccinated after a individual risk assessment or to avoid wastage). A breakdown of vaccinated NHS Borders employed staff is shown in Appendix 1. The national average as 11th January was 51.5%

Vaccination of frontline social care staff is being carried out by the general practitioners using a Local Enhanced Service (LES) agreed with all but one of the Borders practices and vaccination has been on-going since late November. Although confirmations of staff being immunised are still being sent in by the GPs, to date we are aware 13.7% of staff who met the eligibility criteria have been vaccinated. It is still unclear whether this is the true up-take rate for this group as some practices have yet to provide up-take data. The national average for this group as at 11 January was 32.4%

Health Protection Scotland (HPS) have confirmed health boards will be reimbursed £5.25 for every dose administered to health and social care staff.

Phase 1 – Clinical Priority Groups

Vaccination of the clinical priority groups is still on-going in many of the Borders Practices, however most of these practices are either very close to being finished or at the mop-up stage (i.e. vaccinating patients not immunised before Christmas).

Uptake rates in the clinical at-risk groups immunised by the GP Practices are being extracted nationally. Up-take rates advised as at 10 January were as follows:

Group	Borders Up-take*	National Up-take*
Clinical priority groups <65 including pregnant woman (dose 1)	63.1%	49.3%
Clinical priority groups >65 (dose 1)	64.8%	44.1%
Pregnant Woman (dose 1)	65.5%	45.5%

**The data in this table has been extracted from the HPS up-take report to Boards. It should be noted the data in this table is not complete as not all practices in each health board have been able to return data due to the availability of automated reporting.*

NHS Borders Maternity Services are continuing to assist/encourage up-take in pregnant woman. Vaccination will be offered to patients visiting the Pregnancy Assessment Unit and to antenatal and postnatal in-patients.

Phase 2 – Under 5s and Poultry Workers

The Scottish Government announced the vaccination programme would be extended to offer all children between six months and five years as well as to poultry workers.

As the Scottish Government and Scottish General Practitioner Committee could not come to an agreement around a Directed Enhanced Service (DES), a Local Enhanced Service (LES) based on a £5.25 payment was offered to each practice following which 24 of our 25 practices signed up to the LES. The one practice who did not sign up was unable to participate because of significant capacity issues and an alternative model of delivery is currently under development to vaccinate the patients of the practice.

NHS Borders Child Health SIRS computer system (Scottish Immunisation Recall System) has been supporting GP colleagues by sending Phase 2 invitations/appointment letters to the parents of all eligible children.

Health Protection Scotland will be remotely extracting Phase 2 uptake rates from all Scottish practices in the future. Local feedback suggests that many local practices are well underway with their Phase 2 programme.

Poultry workers are also included in the Phase 2 vaccination programme. The Public Health Department has made contact with all appropriate Borders poultry businesses advising them that their workers can attend either NHS Occupational Health Services vaccination clinics or those organised by their GP.

3.2 Personal Protective Equipment (PPE)

In addition to the NHS Borders Occupational Health Services specialist mask face-fitting programme, Scottish Borders Council has undertaken a PPE needs assessment for their staff and will be supplied by the Scottish Government contingency stock via NHS Borders if this is required in the future.

3.3 Education

A contingency plan for schools agreed with Scottish Borders Council remains in place. Weekly returns from authorities indicate no overall sustained increases in school absence levels due to influenza-like illnesses in the past week.

3.4 Service Preparedness

The Flu Business Group members continue to oversee service preparations in relation to service provision for patients experiencing influenza-like symptoms and service continuity planning.

Links continue to be made with key partners including Scottish Borders Council (SBC). This includes regular updates at SBC's Corporate Management Team and Pandemic Oversight Group and attendance of key SBC staff at our Flu Business Group and action teams where appropriate.

The South East and Tayside Service Planning Group (SEAT) has now adopted the "Mutual Aid Framework".

Work over the past month has included a review of the options for providing anti-viral distribution centres in the event that NHS Scotland adopts the "autumn" flu line solution for the distribution of anti-virals. This is only expected to be introduced if the demand on primary care increases and it is no longer viable for anti-virals to be prescribed through Primary care as at present.

4. Equality and Diversity

As previously reported, a rapid equality impact assessment of issues raised in this paper has shown that the main objective of planning is to target the vulnerable groups e.g. those at-risk groups with existing serious medical conditions. It identified a number of issues that will be considered when implementing the plan:

In line with the Disability and Race equality duties placed on boards, all communications, advice, health information, communications about implementation plans for vaccination will be made available in alternative formats.

5. Recommendation

The Board is asked to **note** this report.

Policy/Strategy Implications	Board planning consistent with Scottish Government guidance. Ongoing work on flu plans may impact on delivery of other key strategic objectives.
Consultation	Ongoing involvement of all key stakeholders.
Consultation with Professional Committees	Ongoing involvement of all key stakeholders.
Risk Assessment	Service risks being identified as part of service / business continuity planning.
Compliance with Board Policy requirements on Equality and Diversity	Ongoing Equality Diversity Impact Assessment of plans.
Resource/Staffing Implications	Additional resources will be required to support H1N1 planning particularly the vaccination programme.

Approved by

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Author(s)

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**Appendix 1: NHS Borders Staff (excluding independent contractors)
H1N1 Vaccination Programme Uptake Data as at 15th January 2009**

