



CIGNA Occupational Health Update H1N1v – November Update

Current Situation

Worldwide

- Evidence is emerging that the current H1N1 virus may have originated in Asia and then transported to Mexico. There is concern that because H5N1 is still causing problems in birds, and continues to infect a small number of humans, gene exchange with H1N1 (now present in humans in every country) remains a significant threat; this could lead to another pandemic virus in the near future.
- Influenza activity in the Southern hemisphere remains very low, but continues to increase in the Northern.
- H1N1 remains the predominant virus.

UK

- Number of cases continues to show a steady increase nationally. However, the biggest increase in case numbers has been due to infections in children (the temporary fall in numbers at the end of October may be related to the half term holiday). Overall, the largest numbers of individuals admitted to hospitals are children and young adults.
- The number of consultations with GPs has decreased, but still remains above that usual for this time of the year.
- In the UK, most disease continues to be mild. There have been 151 deaths

National Pandemic Service

- The Service continues to distribute Tamiflu to those meeting symptom criteria. The number of calls has decreased slightly in the last few weeks.

Vaccination

- The vaccination of “at risk” groups started in October and has been proceeding well. Vaccine continues to be delivered in a steady flow from both manufacturers. On current usage, vaccination of these groups will be completed by the end of the year. (The UK situation is well controlled compared to many other countries where “everyone and anyone”, dependent on their determination, is getting vaccinated causing significant controversy).
- As a consequence of increasing numbers of children with severe illness, especially in the US (many of whom had no underlying medical conditions), the UK

Government is considering prioritising school children for vaccination as the next “target”.

Discussion

- The second wave of this pandemic is spreading more slowly than in the Spring. Illness is remaining higher in the younger age groups, who are suffering sometimes more severe disease. This is similar to what was seen in 1918/19 pandemic (but clearly on a much lesser scale and in a somewhat younger age group); it is very similar to what happened in Australia in the southern winter. It may be, also, that the ~370,000 cases in the Spring has significantly reduced the susceptible “pool” of adults, but probably more importantly made virus transmission through families and communities more difficult.
- On the current trend, I still consider that the peak may be in late November, but now more likely at Christmas/New Year.
- Vaccination is unlikely to reduce absence until well into the New Year, but should reduce the number of individuals who become seriously ill.

Advice

- Hand hygiene remains the most important measure to control spread of the infection. All colleagues should wash their hands on arriving at work and when they get home – **as a minimum**. Normal hand hygiene before meals and after visiting the toilet is appropriate.
- There is now good evidence that in health care settings surgical mask usage is effective when used appropriately. All medical staff should accept vaccination to protect themselves, their families and their patients.
- Enhanced cleaning of surfaces touched by customers, or colleagues who are off with influenza (and telephone hand sets), is appropriate.
- Employees who are presumed to have influenza, should be allowed to return to work 24 hrs after fever has abated (as long as the fever reduction is not due to medication)

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11th 2009

November