Latest News from NHS North West – 10th January 2011

Introduction

To try and keep members of the public as up-to-date as possible with the current situation on seasonal flu, and the impact this is having on our ambulance, hospital and GP services.

On this page you can view the latest Flu questions and answers including the latest facts and figures. You can also view any flu related news releases by visiting our new releases page.

We will endeavour to keep this information updated as regularly as we can.

Flu Questions and Answers

So what is the latest situation in the North West?

Information from the Health Protection Agency (HPA) shows that indicators in the North West have apparently plateaued in line with the national trend; however figures need to be interpreted cautiously as GP and school closures over the Christmas will have affected them.

The consultation rate for flu/flu like illness in the North West decreased slightly in week 52 (from 75.3 per 100,000 in week 51 to 74.4 per 100,000). People aged 15 to 44 years had the highest consultation rate; rates for people under the age of 45 years decreased in week 52 while rates increased among people aged over 45 years.

The national figure for the GP consultation rate is 98 per 100,000 population.

National figures show that 70 percent of over 65s and 45.5 per cent of under 65s in at risk groups have been vaccinated. 40 per cent of pregnant women in at risk groups have been vaccinated.

So how many people have died as a result of seasonal flu this year?

Nationally in the past week, the HPA has been notified of a further 11 people who have died with confirmed flu, bringing the total number since the flu season began in October this year to 50. 45 of these people died with the H1N1 strain and five with Influenza B. The majority were under 65 years of age – eight cases between 5-14, 33 cases aged between 15-64 and four cases over 64 years. Since October there have been five deaths in children under the age of five. The majority of people who have died had underlying health conditions.

It is important to emphasise that this data is likely to be incomplete because of the methods used to identify cases. For this reason, the Department of Health
has taken the decision not to break these figures down on a regional or sub-regional level as they would be difficult to interpret meaningfully.

Any death is a great loss to family members and friends – and our priority has to be to give them the support they need at a difficult time and protect their right to confidentiality.

For more information on this issue please go to: http://www.bbc.co.uk/news/health-12129842

Is the swine flu pandemic back?

No. However swine flu or the H1N1 virus, which sparked a pandemic last year, never really went away. Influenza is a largely seasonal phenomenon, with peaks every winter and very low background levels at other times. Flu pandemics are the exception, and as last year showed, they can begin in any season.

The swine flu pandemic is over. The term "pandemic" is used to describe a world wide spread of a new disease. Flu pandemics occur when a new strain of the virus emerges with different characteristics to normal flu. For example, seasonal flu usually occurs in the winter months, but in 2009 swine flu was seen throughout the summer. The World Health Organization (WHO) declared the pandemic over in August 2010, when it could be seen that the virus was beginning to behave like seasonal flu.

Seasonal flu – which is what we are dealing with now - is a virus that spreads every winter. There are three strains of flu virus in circulation at the moment – one of which is H1N1.

Is seasonal flu serious?

For most, influenza causes an unpleasant but self-limiting illness which lasts several days. If you got a mild dose of flu last year then you may wonder what all the fuss is about. But for a small minority flu can be serious, even fatal.

Sadly, even with a mild flu, seasonal flu kills around 2,000 people in the UK every year and this year swine flu is the most common seasonal flu virus and one of three types currently circulating.

This is why each year GPs contact their patients with underlying health conditions and who are in at risk groups, to encourage them to have a seasonal flu vaccination.

What are the symptoms?
Many people confuse the symptoms of a cold with those of flu – the main difference is that with flu there is a sudden onset of a high temperature.

Symptoms of seasonal flu include sudden onset of fever, plus two or more of the following:

- unusual tiredness
- headache
- runny nose
- sore throat
- shortness of breath or cough
- loss of appetite
- aching muscles
- diarrhoea or vomiting

The best advice for treating flu in healthy adults is to rest, drink plenty of fluids and take pain relievers such as paracetamol. For the majority of people it is a self-limiting illness – your symptoms should peak within two-to-three days, and you should start to feel better within four-to-five days.

In young children under five and particularly infants under one, it is very difficult to distinguish influenza and its complications from other respiratory viral infections and other treatable diseases. Infants should always be reviewed by a health care professional (usually a GP).

If your symptoms suddenly get worse or you condition deteriorates, you should telephone your GP for advice.

If you want advice on how to take someone’s temperature go to http://www.nhs.uk/chq/pages/1065.aspx

There are a number of useful websites with information about how to self-treat for colds and flu, as well as other common complaints - such as www.nhs.uk; www.northwest.nhs.uk/choosewell; and a series of short-films giving advice are available at www.youtube.com/nwnhs. NHS Direct provide a 24 hour telephone advice service and can be contacted on 0845 4647.

**Who is at risk?**

Anyone can get flu, at any age, but for winter 2010/11 the following groups are especially at risk of developing complications if they catch the flu virus:

- People of any age with chronic heart, lung, metabolic disorders (including severe asthma and diabetes), kidney problems or a lowered immune system due to treatment or disease.
- Pregnant women.
• Everyone aged 65 years and over.
• Those in long stay residential care accommodation where influenza, once introduced, may spread rapidly.

The majority of people in these groups will experience mild to moderate symptoms, in-line with the rest of the population – however it is important to talk to your GP for advice with regard to anti-viral treatment.

The most important message for anyone who is in one of these groups, is to have a flu jab each year, to reduce the risk of catching the flu in the first place.

**How is the NHS managing the current situation?**

Each NHS organisation has plans in place to manage changes in demand. Each winter we experience an increased demand for critical care caused by a drop in temperature that can trigger more heart-attacks and strokes, a rise in the number of flu cases and more accidents caused by icy conditions.

As part of these plans, we look at how we can increase the number of critical care beds if we need to – and these plans include over the winter season. This can include postponing some non-urgent, non-life-threatening procedures.

In the North West we are currently experiencing high numbers of people in critical care with confirmed and suspected seasonal flu. As a result, critical care beds are being managed on a regional basis by the strategic health authority (NHS North West), in conjunction with the three critical care networks within the region, in order to ensure that anyone who needs intensive care – whether that is as a result of flu, or for some other reason – can get the expert care that they need. As part of our regional plan, we have asked all hospitals in the North West to temporarily postpone non-urgent, non-life-threatening procedures.

This action will make it possible to move staff who have experience of treating people in critical care to where they are needed, so that we can make more beds available.

Anyone who needs emergency or time-critical surgical treatment is being reviewed on a case by case basis by clinicians and treatment and can go ahead if necessary.

In addition, some day-case treatments, which do not require critical care back-up, are also proceeding.

Clinical teams are, where possible, contacting people on an individual basis to inform them if their treatment has been postponed, or if it is going ahead as planned.

The situation is being reviewed on a daily basis at a regional level – and all procedures will be re-booked as soon as possible.
How many people are in critical care beds as a result of flu?

As of Wednesday 5 January there are 108 patients in critical care across the North West, who have been confirmed as having seasonal flu. In addition there are 55 suspected cases awaiting laboratory testing.

The figures for Cumbria and Lancashire are 26 confirmed and 7 suspected cases; for Greater Manchester 46 confirmed and 33 suspected cases; and for Cheshire and Merseyside is 35 confirmed and 15 suspected cases.

In recent weeks several people have needed specialist emergency treatment due to lung failure, using machines which pump oxygen into the blood outside the body (ECMO). Pregnant women and those with underlying health conditions are among those most vulnerable to the complications of H1N1.

So how many critical care beds are free at the moment?

The availability of critical care beds changes on an hourly basis. This is because as soon as patients are stabilised in critical care, they are moved to other units. For this reason it is not possible to give an accurate figure of how many beds are available, or how many additional critical care beds are being used.

What impact is all of this having on patients?

We would like to ask the public to be patient with the NHS and supportive during this time. NHS teams are working extremely hard to maintain safe services – and ensure those of us who need emergency care can access it. We will ensure that services are returned to normal as soon as possible.

We also need people to be supportive of the Choose Well campaign. If you are a normally healthy adult and have a common complaint, please self-treat in the first instance – for more information go to www.northwest.nhs.uk/choosewell

What other figures are available?

The Health Protection Agency (HPA) and the Department of Health (DH) are reporting the latest national flu data each week. This includes data on the types of flu circulating, levels of severe disease, the age/sex of people affected, the number of people on ECMO, the number of deaths and vaccination uptake data.

- HPA National Influenza Weekly Reports
What should people do to protect themselves?

Catch it. Bin it. Kill it

It is worth stressing that flu is a vaccine-preventable illness. The HPA has urged people in at-risk groups to get immunised. The seasonal flu vaccine is always trivalent - so it protects against the three most likely circulating strains of flu. This year the vaccine contains antigens against the influenza type A strains H1N1 and H3N2 and against flu B.

Maintaining good cough and hand hygiene, such as covering your nose and mouth with a tissue when you cough and sneeze, disposing of the tissue as soon as possible and cleaning your hands as soon you can are important actions that can help prevent the spread of germs and reduce the risk of transmission.

Basic Hygiene Advice

- Cover your nose and mouth when coughing or sneezing, using a tissue when possible
- Dispose of dirty tissues promptly and carefully
- Maintain good basic hygiene, for example washing hands frequently with soap and water
- Clean hard surfaces (e.g. door handles, computer keyboards and mouse devices, telephones and remote controls) frequently using a normal cleaning product

Who should get a flu jab?

The seasonal flu vaccine (which includes protection against H1N1) is recommended for those aged 65 and over and those with chronic heart, lung, metabolic disorders (including severe asthma and diabetes), kidney problems or a lowered immune system due to treatment or disease

Vaccination is also recommended for pregnant women and those living in long-stay residential care homes or other long stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality
(this does not include prisons, young offenders' institutions, or university halls of residence).

Vaccination is also recommended for carers defined as those who are in receipt of a carer’s allowance, or those who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill. This should be given on an individual basis at the GP’s discretion in the context of other clinical risk groups in their practice. In addition, it is recommended that immunisation be offered to all health care workers involved in the delivery of care and/or support to patients.

Vaccination of frontline Health and Social Care workers is a key infection control measure, both to protect staff and to reduce the risk of transmitting the virus to vulnerable patients.

http://www.nhs.uk has a full list of those eligible for a free flu jab.

**Should children be vaccinated?**

Children who are in at risk groups will be offered a vaccine by their GP. The national Joint Committee on Vaccination and Immunisation (JCVI) has looked at the issue of offering vaccination to healthy children either 0-4 years and/or 5-15 years of age. However, although there is a high incidence of influenza-like illness currently in these age groups, a significant proportion of this is due to other viruses such Respiratory Syncytial Virus (RSV).

The JCVI has stated: “We do not believe that seasonal or pandemic vaccine should be used for these or other healthy person groups.”

**Are there any problems with supply of vaccine?**

The DH has issued guidance to GPs so that supplies of the Pandemrix vaccine used last year can be ordered and used to vaccinate people within at risk groups.

**I have an egg-allergy – can I have the vaccine?**

The HPA has issued clear guidance for GPs on vaccinating people with egg-allergies. There are a number of vaccines – including this year’s seasonal flu vaccine and the Pandemrix vaccine – that have very low levels of traces of egg product in them. They can be administered to those who have egg-allergies under clinical supervision.

Please talk to your GP if you have any concerns.

**Supporting information**

**Useful links**
- For further advice on **Choosing Well** this winter visit [www.northwest.nhs.uk/choosewell](http://www.northwest.nhs.uk/choosewell) and [find your local services](http://www.northwest.nhs.uk/choosewell).
- NHS Choices - [http://www.nhs.uk](http://www.nhs.uk)
- BBC - [http://www.bbc.co.uk/news/health-12113594](http://www.bbc.co.uk/news/health-12113594)

see also [HPA National Influenza Weekly Reports](http://www.hpa.org.uk/)

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