



Pandemic Planning Factsheet #3:

March 2007



Update

All ProCare practices have now been visited, with a very few exceptions. I have had plans returned from only a handful of practices (that's OK, because I haven't started chasing most of you yet!). Please note that the absolute deadline for the return of plans is the **30th April**. I will re-format plans I receive into more useful bulleted lists, for your use. For that reason, if there is anything you especially want included in the plan, or a question I haven't asked, please add it. It is your plan.

Testing of practice plans has taken a step forward. I will not be testing Key Practices, which have completed slightly different plans. I will recommend that all practices be tested at some point, but for the time being I will focus on a small number – practices that I imagine would cause a problem for the community, and probably for the local Key Practice, if forced to close: Large practices with significant patient numbers.

In order to avoid alarming patients and staff, these tests will be transparent and clearly understood as a test. In addition, I want to make them as useful as possible, so I will liaise with each practice to find out what is reasonable and practical. I intend that between six and a dozen practices will be tested in May, in parallel with Operation Cruickshank, the nationwide test of health sector preparedness for a pandemic. I imagine that problem areas highlighted in the testing process (and what worked well) would be of interest to many practices, so I will publish the findings of the tests in a report, to be circulated to practices. Further details will follow.

News

As of 20th March, the total number of avian influenza cases in humans stands at 281, of which 169 have died. By contrast, more people died in the 1918 pandemic than in a similar period from any disease in recorded history. So, we are not having a pandemic yet. H5N1 can be spread from human-to-human, but only in very exceptional circumstances – it has not yet done so beyond one generation.

A number of prototype vaccines have been developed, and an infrastructure will be set up to make these available to, especially, developing nations. The WHO suggests that a pandemic virus would circle the globe within three months. At the same time, manufacturing a vaccine should take around two months, and manufacturing it in large quantities could take six months – longer if it is not H5N1 that causes the pandemic.

Tamiflu and Relenza (which must be inhaled) have been shown to be effective against H5N1, but of course there is the risk that it will be a different strain that causes a pandemic; and the virus may develop a resistance.

Also . . .

GPs can claim MOPS credits for filling out the pandemic planning toolkit that I have been taking round practices, the Royal College of GPs has confirmed. I will send the necessary forms out in the next few weeks.

Please contact Hoagy with any comments