Llywodraeth Cymru
Welsh Government

Wales Health and Social Care Influenza Pandemic Preparedness & Response Guidance

Issued by: Welsh Government Department of Health & Social Services, Health Emergency Preparedness Unit

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pandemics, subsequent winters are likely to see increased seasonal flu activity compared to pre-pandemic winters.

1.4 Pandemic planning assumptions

Influenza pandemic planning in the UK has been based on an assessment of the 'reasonable worst case', derived from experience and scientific analysis of influenza pandemic and seasonal influenza in the 20th and early 21st century.

A summary of the planning assumptions in a reasonably worst case scenario is detailed below:

Up to 50% of the population could experience symptoms of pandemic influenza over one or more pandemic waves each lasting 15 weeks.
2.5% of those with symptoms could die as a result of influenza, if no treatment proved effective
30% of all symptomatic people may need to access primary care.
1-4% of symptomatic people may require hospital treatment.
25% of hospital patients may require critical care
15-20% of staff may be absent on any given day during peak weeks. These figures could be reduced depending on the effectiveness of antivirals and antibiotics.

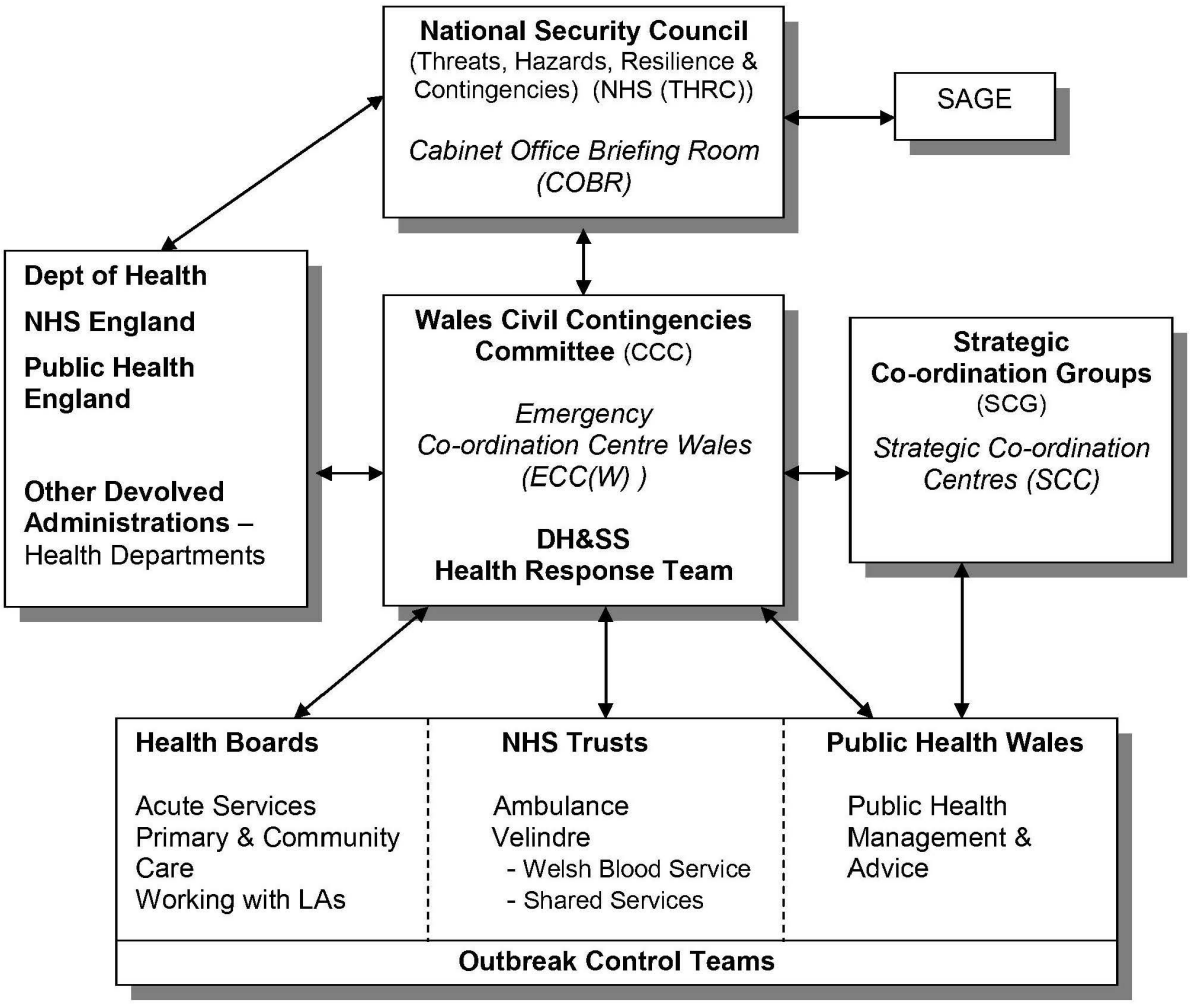
Excess Deaths

When planning for excess deaths local planners should prepare to extend capacity on a precautionary, but reasonably practicable, basis. Planners should aim to be able to cope with between 12,000 and 15,000 deaths in Wales, possibly over as little as a 15 week period, with potentially half of these over three weeks at the height of the outbreak. More extreme circumstances would require the local response to be combined with support from central government.

1.5 Defence in depth

The primary objective of the UK Influenza Pandemic Strategy is to protect health, with the aim of reducing the proportion of the population that may develop influenza or become

Figure 2: Co-ordination Arrangements for Major Infectious Disease Emergencies in Wales



2.5 Ethical principles

Ethical considerations are important in determining how to make the fairest use of resources and capacity. Decisions are more likely to be understood and the need accepted if these have been made in an open, transparent and inclusive way and based on widely held ethical values. The Committee on Ethical Aspects of Pandemic Influenza (CEAPI) developed an ethical framework that was published in 2007.[5]

CEAPI reviewed the Framework following the H1N1 influenza pandemic and concluded that it remains appropriate and fit for purpose in planning for a future pandemic. The

[5] Committee on Ethical Aspects of Pandemic Influenza: ethical framework

- the demographic profile of those employed within the sector means that a higher than average proportion of the workforce has personal caring responsibilities (and schools may be closed for longer than usual), and they support people who cannot manage their daily tasks without help and/or whose safety, wellbeing and independence, without intervention, would be at risk.
- pressure will be on staff working within the sector, but the individuals requiring support will change as people become ill and then recover.

Social care providers are aware of, and are in regular contact with, many vulnerable individuals in the community. Such individuals might be either more vulnerable to, or more affected by, pandemic influenza. Other individuals, not normally perceived as vulnerable, may become so in the setting of a pandemic, e.g. single parents with young children, and adults living alone who may be remote from family.

Community care

As demand for hospital care increases, patients discharged home may require a greater level of care than they would do normally. Social and community care services may face particular challenges that include:

- maintaining services and pandemic response with reduced staffing capacity due to increased levels of illness;
- identifying those most at risk;
- sustaining indirect care services for example meals on wheels, community equipment and community alarm services;
- meeting additional burdens on overstretched services due to additional pressures on acute hospital beds;
- sustaining people with complex needs who are currently supported with concentrated care packages in the community;
- providing emergency care for vulnerable people looked after at home by informal carers, or personal assistants employed via direct payments, if their carer is ill;
- providing support to those discharged from hospital in light of possible reduced availability of residential places to those whose community support package is unsustainable for reasons other than influenza, i.e. normal admissions, and
- communicating messages of self-care, remaining at home if ill and how to access treatment may be made more difficult since known vulnerable groups encompass a wide range of individuals from differing demographic groups.

Care of individuals in the community therefore presents a diverse and complex challenge at a time when staffing capacities are likely to be reduced. Close working relationships across health and social care organisations, the independent sector and voluntary groups will be essential to sustaining services during a pandemic.

As part of business continuity plans, arrangements should be in place for responding to increased demand for assessments and support alongside reduced capacity to deal with such circumstances. Processes to sustain fair and fast access to services for