



Cabinet Office

# Civil Contingencies Forward Look-Part 2

Assessment of Potential Civil Challenges to the UK over the Period  
August 2015– January 2016

15 July 2015

# Human Health

## 6.1 Severe flu season impacting the UK (Green)

The annual influenza season usually occurs during October to early May each year. Each annual flu season is dominated by one or more major influenza subtypes; the particular sub-type can change from year to year. The severity of disease is in part dependent upon the strain of sub-type circulating as well as the level of immunity in the population, with a severe flu season indicated by significant increases in weekly consultation rate for influenza-like illness, syndromic surveillance indicators such as cold/flu calls via NHS 111 and numbers of hospitalised cases. The 2014/15 influenza season has come to end, however, it is not possible to predict the severity of the forthcoming 2015/16 season, which could start at any stage from September onwards. The **likelihood** of flu circulating before this time is currently assessed as **low**. A severe flu season in 2015/16 can have a big impact on primary and acute care services, and can place the NHS under pressure. However, the health response to seasonal flu is based on tried and tested systems. Given the preparations put in place, the **impact** is assessed as **low**.

## 6.2 An outbreak of a novel strain of an infectious disease causing serious illness (excluding pandemics) (Green)

The risk of an emerging infection becoming prominent is always present, particularly at the interface between animals and humans (i.e. zoonotic infections). Globally, there are currently three main areas of concern: the ongoing cases of MERS-CoV in the Middle East and Eastern Asia; the large number of avian and human cases of influenza A (H5N1), particularly in Egypt; and the epidemic of Ebola Virus Disease (EVD) in West Africa.

As of 29 June, the World Health Organization has been notified of 1,339 laboratory-confirmed cases of infection with MERS-CoV, including at least 476 related deaths. An outbreak in South Korea has led to 185 cases, with 32 deaths and 150 recoveries and 1 further case in Thailand, China and the Philippines. In Egypt, the incidence of human influenza A (H5N1) infections and H5N1 cases has increased dramatically since January 2015, and as of 24 June 2015, 145 human cases including 36 deaths have been reported to WHO. In West Africa, total cases of Ebola are now circa 27,600 with 11 260 reported deaths. Whilst the focus is shifting from slowing the transmission to working towards ending the epidemic, it is important to note that cases continue to arise from unknown sources of infection and to be detected only after post-mortem testing of community deaths.

We judge the **likelihood** of an outbreak of a notifiable or novel infectious disease causing serious illness in otherwise healthy adults in the UK as **low**. MERS-CoV and Ebola outbreaks in developed health care systems have been limited, with no sustained community transmission. In addition,