

Planning assumptions for a future influenza pandemic

- 2.19 Influenza pandemic planning in the UK has been based on an assessment of the “reasonable worst case”. This is derived from the experience and a mathematical analysis of influenza pandemics and seasonal influenza in the 20th century. This suggests that, given known patterns of spread of infection, up to 50 per cent of the population could experience symptoms of pandemic influenza during one or more pandemic waves lasting 15 weeks, although the nature and severity of the symptoms would vary from person to person.
- 2.20 For deaths, the analysis of previous influenza pandemics suggests that we should plan for a situation in which up to 2.5% of those with symptoms would die as a result of influenza, assuming no effective treatment was available.
- 2.21 However, it is important to note that:
- These “reasonable worst case” planning assumptions take no account of the potential effect of response measures such as practising good respiratory and hand hygiene, the use of antiviral medicines and antibiotics, and modern hospital care for those with severe illness. Such measures should reduce the number of patients needing hospital care or dying, even in a widespread and severe pandemic, although the extent cannot be known in advance.
 - Planning assumptions are not a prediction of what could happen. A lesson learned from the H1N1 (2009) influenza pandemic was that calling the planning assumptions ‘reasonable’ was not well understood. Many people wrongly thought that it meant this was the likely scenario as no indication was given of how unlikely it was that this scenario would be exceeded.
 - Planning assumptions can be informed by evidence from the past and analytical work but there will inevitably be an element of judgement. There is no ‘right answer’ and even experts may disagree on the ‘reasonable’ levels for planning.
 - Influenza pandemics are intrinsically unpredictable. Plans for responding to a future pandemic should therefore be flexible and adaptable for a wide range of scenarios, not just the “reasonable worst case”. During a pandemic, the assumptions on which to base the response will be updated in the light of emerging evidence about the range of likely scenarios at the time.
 - Even influenza pandemics with only mild or moderate impact are likely to put considerable pressure on services and the experience in local hotspot areas could be much more severe.
 - In an influenza pandemic that has a higher impact on society, services and businesses would be under extreme pressure and may be unable to continue to

7. Whole of society response

- 7.1 An effective response to an influenza pandemic relies upon cross-government and cross sector collaboration to manage wider societal impacts and the interdependences between health responses and other sectors.
- 7.2 Influenza pandemics have the potential to impact upon a wide-range of sectors, creating a range of cross-cutting issues. The scale, extent and nature of these impacts and issues are dependent upon the characteristics of the virus, mitigation measures and the way in which people respond and react.
- 7.3 The UK approach for responding to wider societal impacts resulting from pandemic influenza and the interdependencies between wider services and health and social care responses are set out below.

Business as usual

- 7.4 During a pandemic, the Government will encourage those who are well to carry on with their normal daily lives for as long and as far as that is possible, whilst taking basic precautions to protect themselves from infection and lessen the risk of spreading influenza to others (see Chapter 4). The UK Government does not plan to close borders, stop mass gatherings or impose controls on public transport during any pandemic.

Maintaining essential services and normal life

- 7.5 During a pandemic, staff absence is likely to be significantly higher than normal across all sectors. This absence may come from a combination of reasons including fear of infection, personal illness, the need to look after family members who are ill, bereavement, school closures or possible transport difficulties. Levels of absence may vary due to the size and nature of a workplace, the kind of activity that takes place there and the composition of the workforce. Specific planning assumptions on staff absence to help organisations are in Chapter 2 and the following table summarises the key arrangements already in place.