Pandemic flu in the UK: Impact and Response

by

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When pandemic influenza A H1N1 emerged at the end of April 2009, there was uncertainty about its clinical severity and the population impact of the illness. Initial reports from Mexico and the United States caused considerable concern. Based on the precautionary principle, the United Kingdom (UK) decided to initiate a robust public health response. Pandemic specific vaccine was unlikely to be available for at least six months. Measures were instigated, labelled ‘containment’, to attempt to slow the spread of the pandemic and buy time for the development of countermeasures. These measures were not expected to prevent the possibility of transmission in the community and, during May and June, an increasing number of cases were identified together with mounting evidence of sustained community transmission.

In early July 2009, the UK moved to a ‘treatment only’ approach including the deployment of a novel method of delivery of treatment for influenza, the National Pandemic Flu Service. Pandemic activity peaked at the end of July, declined rapidly during August (coincident with the school summer holidays), rose to a second peak from early September (coincident with the return of children to school) and declined to low levels by early December when the pandemic specific vaccine programme was beginning.

Although severe illness, and deaths, occurred in a minority of cases, especially in children and young adults and particularly in those with conditions placing them at high risk of the complications of influenza, most cases experienced a mild illness or no symptoms at all. No evidence of excess mortality due to pandemic influenza was evident in the population as a whole.

An independent review of the UK response, including the appropriateness and effectiveness of the ‘containment’ approach, reported in July 2010. It concluded that the response to the pandemic had been ‘proportionate and effective’ but identified numerous lessons to be learnt and made extensive recommendations for revision to a future response.

Professor John Watson - is a Consultant Clinical Epidemiologist and Head of the Respiratory Diseases Department of the Health Protection Agency's Centre for Infections in London. He is an Honorary Professor in the Department of Infectious and Tropical Diseases at the London School of Hygiene and Tropical Medicine and Visiting Professor in the Department of Primary Care and Population Sciences at University College London. He is Chairman of the International Society for Influenza and other Respiratory Virus Diseases. He qualified from St Bartholomew’s Hospital Medical School, London, in 1979 and subsequently trained in clinical respiratory medicine and infectious disease epidemiology before being appointed to the Centre for Infections in 1989. His main interests include tuberculosis and acute respiratory infections (particularly influenza and SARS). His work has focussed on the surveillance, prevention and control of these diseases at the local, national and international levels as well as related research.
Wednesday, 8 September 2010, 1:10 p.m. – 2:00 p.m.
Venue: KCT Communications and Resource Centre, 1/F SPH Building, PWH

**Flu Watch Community Cohort Study of Influenza Transmission and Immunity – England 2006-2010**

by

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Most of our information on influenza is derived from patients seeking medical attention giving a potentially highly skewed view of burden and epidemiology. Flu Watch is the first large scale community based cohort study of influenza infection and immunity since the landmark Tecumseh studies of the 1970s and 1980s. Flu Watch has used comparable methodology over the last 4 influenza seasons to monitor the community burden of influenza allowing a comparison of the community burden of seasonal and pandemic influenza that is not biased by consultation behaviour. In the Flu watch cohort, pandemic levels of ILI and PCR confirmed disease and age distribution of cases were by no means exceptional in comparison to seasonal influenza. We will present key findings from the Flu Watch study including risk factor analyses, health seeking behaviour during the pandemic and use of vaccines and antivirals.

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