
Written Ministerial Statement

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HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

Swine Flu

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The Minister of Health, Social Services and Public Safety (Mr McGimpsey): In my statement to the Assembly on Tuesday 30 June I advised members that I would provide a written update following my discussions with other Ministerial colleagues at the Cabinet Office Briefing Rooms (COBR). I would therefore like to take this opportunity to brief members of the decisions taken on changes to the way the UK will now deal with the swine flu pandemic.

As you are aware, the number of confirmed cases throughout the UK continues to grow, with cases doubling every seven days. The vast majority of these cases continue to be generally mild but as we have seen, it is proving severe in a small minority.

There are a total of 7,447 laboratory confirmed cases of Swine Flu in the UK and sadly, three people have died, all of whom had underlying health problems. The Republic of Ireland is also experiencing an increased number, with 51 confirmed cases.

Since the emergence of swine flu, the Public Health Agency, together with GPs and other staff across the health and social care service have been working tirelessly to contain the virus for as long as possible. The response of the Public Health Agency, GPs and other healthcare staff has been tremendous and I very much thank them for their hard work and dedication.

Their efforts have enabled us to curb the spread of swine flu, which has given us valuable time to learn more about the characteristics of this novel virus. This has also allowed us to set in motion plans to develop a vaccine.

It is thanks to many years of planning for a potential pandemic that Northern Ireland, along with the rest of

the UK, will be among the first countries in the world to receive vaccine.

The first batch of vaccines is expected to arrive in Northern Ireland by August, and vaccination should start in September. Priority groups, such as those whose medical conditions put them at risk of complications from 'flu along with frontline health service staff, will receive the vaccine first. I want to reassure Members and the general public, that there will be enough vaccine for the entire population over the course of the pandemic.

All of these actions place us in a very strong position to deal with a more serious outbreak, which experts predict is highly likely in the autumn and winter months.

However, while our efforts to limit the spread of the virus have been effective, it was always likely that we would be unable to contain such an infectious virus indefinitely.

We have seen evidence in the UK of the virus spreading more widely within communities. Clusters of cases and widespread community transmission are already prevalent in parts of Scotland, the West Midlands and London.

As I outlined on Tuesday, the present situation in Northern Ireland is different to other parts of the UK. The vast majority of our cases to date continue to be travel related. Although this has been our experience to date, it is prudent for us to plan and prepare for similar clusters here, where a growing proportion of cases will arise from community transmission rather than travel.

Health Ministers across all four Administrations have noted clear scientific advice that the majority of cases in the UK so far have not been severe. Those people who have contracted the virus have generally made a full and rapid recovery – though a small minority of cases have had more serious illness.

Following a series of discussions, the four UK Health Ministers have now agreed that we should now shift our focus to treatment only – in other words treating those people who actually have swine flu.

The move will be a step by step treatment approach, giving clinicians discretion on how best to treat a patient with swine flu. It means that people who contract swine flu will still be offered antivirals but that antivirals will no longer be used as a preventative measure. In addition, the routine testing of suspected cases and the tracing of close contacts of a symptomatic patient will be discontinued.

Ministers have also considered, as we move into the treatment phase, whether we continue to offer antivirals to all patients displaying symptoms or whether a more targeted approach should be adopted, focusing on those most at risk of becoming more seriously ill.

The Scientific Advisory Group in Emergencies (SAGE) has considered this question and reports that on balance the science points towards adopting a targeted approach, but acknowledges that this is a ‘finely balanced’ decision.

Health Ministers are also conscious that, as this is a new virus, it cannot yet with confidence be directly compared to seasonal flu. Given this, we have decided to adopt a safety first, precautionary approach. Antivirals will still be available for treatment of people with swine flu.

Expert advice emphasises the high importance of treatment with antivirals for those in the higher risk groups, such as those with ‘at risk’ medical conditions. So, we will issue clear guidance to doctors to ensure that those at higher risk get priority access to antivirals, within 48 hours of the onset of symptoms.

In addition antivirals will continue to be available to other people who have contracted swine flu. This will be at the discretion of the GP or clinician who is treating the patient who will make a clinical decision on whether antiviral treatment is necessary.

The fact that many people will recover from swine flu without antivirals means it is important that individuals and GPs are able to make an informed decision about appropriate treatment.

I acknowledge this is a cautious approach, however, as we discover more about the virus and develop a more precise categorisation of risk groups, we are likely to reassess our approach and move to a more targeted use of antivirals. We will keep this matter under review, with advice from SAGE, and will provide an update when this is necessary.

Today’s move to treatment is an important step. It continues to ensure that people with swine flu receive the treatment they need. It also enables local health services to shift their energies to deal with the increased numbers of people who have contracted swine flu, while freeing up the Public Health Agency to continue monitoring the way the virus is behaving.

I would remind members and the public that we cannot do this alone. Everyone must play their part in helping to reduce the impact of this pandemic. Now that schools are closing for the summer and people are going on their holidays, I would reiterate my public health messages and for people to contact their GP when they return home, if they feel unwell. People with symptoms should not attend the GP surgery but instead contact their GP by telephone.

In addition, the public can reduce their chances of catching the virus by following these simple but effective steps. Wash your hands regularly, and cover your mouth and nose with a tissue when you sneeze, then put the tissue in a bin – catch it, bin it, kill it.

We need to be prepared for every eventuality in relation to swine flu to ensure that the public has access to the right treatment – this requires the necessary funding from the Executive. I will be discussing the financial commitment required to manage our response to this emergency situation with executive colleagues today.

Mr Speaker, this Assembly and the people of Northern Ireland can be assured that I will do all in my power to respond to any emerging situation over the summer months and into the autumn and winter.