
STATES OF JERSEY



H1N1 INFLUENZA PANDEMIC IN JERSEY: FUNDING

**Presented to the States on 22nd September 2009
by the Minister for Treasury and Resources**

STATES GREFFE

REPORT

Background

The States' Pandemic Flu Co-ordinating Group has advised the Minister for Treasury and Resources that a major wave of illness due to pandemic influenza A H1N1 2009 (swine flu) is expected this autumn or winter and that action is needed now to reduce the impact on the people of Jersey. Preparations are also needed to allow Jersey General Hospital to be ready to expand to maximum capacity as we expect will be needed.

The Group have advised that robust escalation plans for community and hospital care are essential to manage during the major pandemic wave period if the hospital is to be able to care for those with the greatest health needs.

The Minister wishes to present the Group's report, attached at the Appendix, to the States.

Financial implications

The Group have estimated the total additional cost of managing the flu could reach £5.5m (this excludes all Social Security and Health Insurance Fund costs). The detail of this is shown in the attached report and can be summarised as –

- Preparation expenditure and maintaining containment phase **£1.3m.**
- Pandemic management and recovery phase **£4.2m.**

The Group advise that urgent funding is required for the first phase, of preparation and containment, and is asking the Minister for Treasury and Resources to consider authorising this expenditure urgently under Article 16 of the Public Finances (Jersey) Law 2005.

Funding for the management and recovery phase will only be required if a major wave of illness due to pandemic influenza occurs.

Funding

Under Article 16 of the Public Finances (Jersey) Law 2005, where the Minister is satisfied that there exists an immediate threat to the safety of all or any of the inhabitants of Jersey and that immediate expenditure is required and it cannot be met from existing expenditure approvals, and that there is insufficient time to secure any additional expenditure approval through Article 11(8), the Minister may authorize the States funded body to withdraw the money or additional money so required from the consolidated fund.

The Minister will keep under the review the emerging data and consult with the Pandemic Flu Political Steering Group as he considers the request for immediate urgent funding. If authorisation is given, a Report and Proposition will, at the same time, be lodged with the States seeking approval for the authorisation.

If a major wave of illness due to pandemic influenza occurs over the coming weeks, the Minister will consider a further request under Article 16 of the Public Finances (Jersey) Law 2005 to make further funding available.

Report of The States' Pandemic Flu Co-ordinating Group**CHIEF MINISTER'S DEPARTMENT (CMD) CO-ORDINATION GROUP –
PANDEMIC FLU****H1N1 INFLUENZA PANDEMIC IN JERSEY: FINANCIAL PLAN****Foreword**

(Foreword from Dr Rosemary Geller, Medical Officer of Health, 16/09/09)

Throughout history, global pandemics have occurred from time to time: in the 20th Century, the world experienced widespread flu due to new pandemic viruses in 1918, 1957 and 1968. 41 years on, it has long been recognised that the next pandemic was overdue and now it has begun.

In late April this year, the World Health Organisation (WHO) announced the emergence of a new influenza A virus and warned that a flu pandemic was imminent. This particular H1N1 strain, including human, avian and swine viral genetic material, had not circulated previously in humans. The virus was entirely new. On 11th June, WHO declared that the pandemic virus was spreading in more than two WHO Regions, and thus the pandemic was declared to have started. The next day, on 12th June, the first Jersey case was confirmed.

At the time of writing most countries have reported cases of the new virus, initially widely referred to as swine flu, but more correctly now termed Pandemic (H1N1) 2009. Although most people infected to date have experienced a relatively mild illness, a minority have experienced severe illness and some have died, with the countries of the Southern Hemisphere worst affected during their winter season. With on average 10-20 flu cases a week in Jersey, together with the rest of the world, we too have been witnessing the beginnings of the 2009 influenza pandemic.

No previous pandemic has been detected so early or watched so closely, right from its inception. In Jersey we can reap the benefits of our pandemic preparedness planning which has taken place over the last four years. In addition intensive work has been underway since May to further develop the Community Escalation and Hospital Escalation Plans ready to face large numbers of flu cases during this autumn and winter. These recent plans have been tailored to meet the specific challenges posed by the new H1N1 flu strain.

Throughout the pandemic so far we have planned for the worse and hoped for the best. Pandemics are unpredictable, nevertheless, the financial plan attempts to quantify what may happen during the forthcoming autumn and winter period. With continuing efforts underpinned by investment to contain the spread of the virus, treat infection and ensure as far as possible the sustainability of our hospital, we would have taken every reasonable and practicable precaution to protect the people of Jersey.

The finite capacity of health care facilities and staff is of concern: one island, one hospital, one intensive care unit. Every effort must be targeted at protecting the capacity we have available so we can treat the most sick when they need care. The

ability of the hospital to provide specialist care to those in need during a flu pandemic is reliant on adequate investment, as well as the effectiveness and funding of the Community Escalation Plan to prevent severe illness and keep extra hospital admissions to a minimum.

Pandemic flu is likely to be the biggest challenge yet to face the Island's Health and Social Services Department with a vaccination programme offered to the entire population for the first time and potentially an unprecedented number of islanders unwell all at once. As Dr Margaret Chan, Director-General of WHO has said "We are all in this together, and we will all get through this, together."

1.0 Purpose of report

The purpose of this paper is to provide a summary of the actions required to manage the H1N1 flu pandemic which is expected to strike Jersey in the autumn of 2009. This report aims to inform the States Assembly of the risk mitigation strategy, proposed actions and potential cost.

2.0 Background

A major wave of illness due to pandemic influenza A H1N1 2009 (swine flu) is expected this autumn or winter. Access to additional funding is needed now to take action to reduce the impact on the people of Jersey. Preparations are also needed to allow Jersey General Hospital to be ready to expand to maximum capacity as we expect will be needed.

Robust escalation plans for community and hospital care are essential to manage during the major pandemic wave period if the hospital is to be able to care for those with the greatest health needs.

Since the end of April 2009, when 'swine flu' was identified and a pandemic declared imminent by the World Health Organisation (WHO), Jersey has been successful to date - to a major extent - in preventing the spread of the infection within the island. The first case of swine flu was diagnosed here on 12th June, one day after WHO announced that the spread of the new virus around the world met the definition of a global pandemic.

3.0 Current situation

Whilst Jersey has sustained and achieved success in containment (testing and identifying cases, offering Tamiflu to contacts), other jurisdictions have not been able to do likewise. The UK, where containment was abandoned in early July, remains the most heavily affected in Europe and the source of the majority of the 10-20 cases of the new flu occurring each week on the island.

In Jersey, we can now reap the benefits of our pandemic preparedness planning which has taken place over the last four years. Intensive work has been underway since May to further develop the Community Escalation and Hospital Escalation Plans ready to face large numbers of flu cases during this autumn and winter. The plans have been tailored to meet the specific challenges posed by the new H1N1 flu strain. Community

efforts to prevent the spread of the virus and to treat people at home are of paramount importance in an island situation with limited healthcare resources. The primary aim is therefore to keep the impact of swine flu on Jersey to a manageable minimum and within the (expanded) capacity of Jersey General Hospital and to prevent deaths and serious illness as far as is possible.

4.0 Modelling the potential forthcoming flu outbreak for Jersey

Throughout the pandemic so far we have planned for the worse and hoped for the best. Studies of past flu pandemics suggest that infection, once established, has tended to spread through the island over a period of 4-6 weeks. Studying the nature of 'swine flu' outbreaks in other parts of the world has also shaped our island planning. Whilst this new pandemic remains unpredictable, the potential Jersey flu outbreak for this autumn and winter has been modelled (Figure 1).

Figure 1 - The predicted timeline and size of the pandemic wave

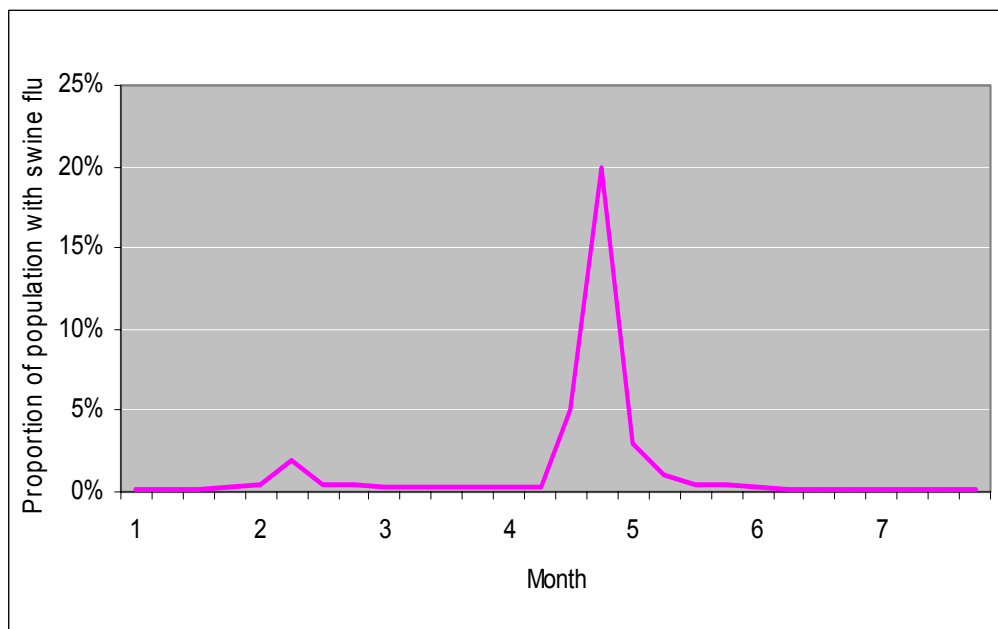


Table 1 Estimated Increase in Health and Social Care Activity from H1N1 pandemic as a basis for planning

	Expected scenario
Est. Pop for pandemic flu assessment	100,000
Pandemic flu attack rate (New H1N1 strain 2009)	35%
Number of people unwell with flu Of those who become unwell, some would get better within a week and a number would go on to have more serious illness	35,000
Resolved within a week without complications	30,281 (87%)
Complications – Primary Care Treatment with additional Social Care issues	4,019 (12%)
Hospitalisation – Hospital Escalation Response	700 (2%)

It is anticipated that approximately 35% of the population would be affected by the influenza pandemic during a four to six week period. A high proportion of sufferers, 87% are expected to be 'unwell' but these people would recover simply with the aid of Tamiflu. A significant number though, 12% could require additional primary care treatment for flu complications e.g. chest infections. Finally, 2% are expected to require hospitalisation due to the severity of these complications and up to 0.4% could die prematurely as a result of swine flu infection.

The expected scenario assumes that the pandemic wave hits the Island in advance of the pandemic-specific vaccine being available. The use of Tamiflu as the main line of defence should decrease hospitalisations by about 60%. We are hopeful, however, that with continued effort to slow flu circulating among islanders, the vaccine could arrive in time to prevent much of the potential island flu outbreak.

5.0 Preparation, Containment and Treatment

Previous funding was agreed by the States in order to make preparations for pandemic flu (Proposition 67) in May 2008. This funding was largely used to stockpile certain supplies based on the premise that once the World Health Organisation (WHO) declared pandemic phases 5-6, stocks of essential supplies would not be available due to international demand exceeding manufacturer's capacity to supply.

These preparations were relevant to any flu strain with pandemic potential so, much of the stockpiling of essential supplies for the current H1N1 flu pandemic threat have already been funded. Now that a pandemic is underway the action phases which are yet to be funded or remain partially funded are:

5.1 The containment phase

As a flu pandemic has now been declared by WHO, the aim is to initially contain the virus and minimize the spread within the community. This includes the Public Hygiene Campaign and the diagnosis and treatment of flu cases and their close contacts.

5.2 The community treatment and social care response

When the pandemic strikes and the Island can no longer remain in the containment phase, the aim will be to care for as many patients as possible in the community without them being admitted to hospital. GPs would be the mainstay of this work. Family Nursing and Home Care would divert resources to offer more care to flu sufferers and social care provision would need to continue and to be co-ordinated well.

5.3 The hospital escalation response

Inevitably there are those who would become so unwell that they would no longer be able to be cared for in the community and the hospital would have to be ready to respond. Up to an estimated 700 additional hospital admissions might be needed with patients suffering from severe chest infections and respiratory problems or worsening of their underlying medical problems.

To manage this additional activity extra beds and staffing would be freed up by postponing routine surgery to be cancelled and rebooked for after the pandemic. Also outpatient clinics would be reduced and some patients discharged to their home or to nursing or residential care if this was considered safe.

5.4 The vaccination programme

The aim of the vaccination programme is to offer vaccination to all islanders to protect them from the effects of this flu pandemic. If the vaccine becomes available ahead of the major wave then the number of people experiencing the effects of flu would be considerably reduced. This in turn would reduce work absenteeism, reduce losses to the economy and of course reduce the pressure on the hospital.

5.5 Estimated Costs

The total additional costs of managing the flu pandemic have been estimated as £5.5m (excluding all Social Security and Health Insurance Fund costs). The detail of this is shown in Appendix I.

As a guide this sum can be broken down into the following estimates:

- expenditure committed and spent to date - £0.3m
- Further funds to be spent immediately as essential preparation and to sustain containment - £1.0m (£0.9m revenue and £0.1m capital)

Preparation expenditure and maintaining containment phase **£1.3m**:

- funds needed during a major pandemic wave - £3.5m
- recovery costs - £0.7m

Pandemic management and return to business as normal phase **£4.2m**

The CMD Co-ordination Group – Pandemic Flu recommends that:

- the Treasury and Resources Minister approve immediate access to **£1.3m** to enable the urgent purchases to date and the further necessary preparation and containment process to be funded
- a further £4.2m be made available to enable the Island to manage in the event of a flu pandemic.

The total additional cost, if the island suffers from an influenza pandemic is estimated at **£5.5m** (excluding £1.7m of Social Security and Health Insurance Funds costs).

There are no additional permanent manpower implications to this proposal, all staff costs are temporary appointments or payments to existing staff.

It is recommended that any additional funding is managed by the Minister for Treasury and Resources, with funding being issued to departments where the expenditure is proven necessary.

This recommendation is compatible with the overall island wide strategic aims of:

- Protecting the people of Jersey against the consequences of pandemic swine flu
- Organising and adapting health and social care systems to provide treatment and support for those suffering from pandemic swine flu or its complication.

Appendix I – Summary of Costs – Preparation, Containment Phase, Pandemic Wave and Recovery

Description	Preparation Costs £000s	H&SS Pandemic Costs £000s	Total Costs £000s	CMD Pandemic Costs £000s	ESC Pandemic Costs £000s	Additional Revenue Costs £000s	H&SS Capital Costs £000s	Total Costs (exc. SSD) £000s	SSD Pandemic Costs £000s
Unfunded expenditure committed and spent to date Further expenditure for preparation and containment	285 604	174 174	285 778	86		285 864	110	285 974	
Preparation expenditure and maintaining containment	889	174	1,063	86	0	1,149	110	1,259	0
Estimated Funds needed during a major pandemic Recovery Costs		3,049 701	3,049 701		500	3,549 701		3,549 701	1,698
Pandemic management and recovery	0	3,750	3,750	0	500	4,250	0	4,250	1,698
Total Cost	889	3,924	4,813	86	500	5,399	110	5,509	1,698

Summary of Costs – By Phase

Description	Preparation Costs £000s	H&SS Pandemic Costs £000s	Total Costs £000s	CMD Pandemic Costs £000s	ESC Pandemic Costs £000s	Additional Revenue Costs £000s	H&SS Capital Costs £000s	Total Costs (exc. SSD) £000s	SSD Pandemic Costs £000s
Containment Phase	15	174	189	27	0	216		216	198
Community Treatment	225	957	1,182	0	500	1,682		1,682	750
Hospital Escalation	624	1,652	2,276	0	0	2,276	110	2,386	0
Additional Deaths	0	26	26	59	0	85		85	0
Recovery Phase	0	701	701	0	0	701		701	0
Vaccination Programme	25	414	439	0	0	439		439	750
Total Cost	889	3,324	4,813	86	500	5,399	110	5,509	1,698