



NHS South of Tyne and Wear

serving Gateshead Primary Care Trust, South Tyneside Primary Care Trust and
Sunderland Teaching Primary Care Trust

The Key to: Better health

- longer life
- · better quality of life
- · fair access to services

Excellent patient experience

- safe care
- · effective treatment
- quality services

Using your money wisely

- · right services, right place, right time
- reducing waste
- · value for money

Measles in Sunderland Avoiding a local outbreak

A briefing for Children' Young People and Learning Scrutiny

July 2009







Aims of the Session

- ➤ Measles-Background
- **≻**Current Situation
- ➤ Proposed solution
- ➤ Assistance Required





Background

- ➤ Measles -A viral infection that can lead to pneumonia and encephalitis, 10% cases require hospitalisation, fatality rate 1 per 5000 still seen in UK
- ➤ MMR introduced 1988, coverage 90% achieved, reduced measles transmission, reduced notifications, reduced complications to very low levels
- Late 90s- MMR controversy, now large number of unvaccinated or partially vaccinated children







Current Situation

- ➤Outbreaks in Hartlepool, Teesside and Durham (100+ clinical cases, >20 confirmed)
- ➤ Suspected cases in Sunderland
- ➤ 11000+ children (2-18 years) not vaccinated or partially vaccinated





Proposed solution

- ➤ Priority to offer and provide school based MMR for 5-16 year old children before hols
- ➤ Over summer offer alternative clinics
- >September 'mop up' in schools
- ➤ Aim to raise overall MMR cover to >90% by the end of September







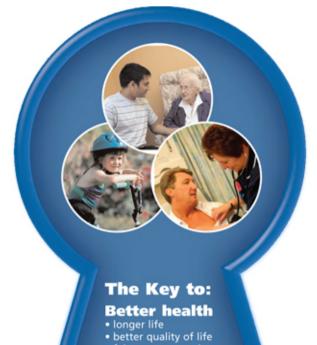
What are we looking for

- ➤ Thoughts on plan
- >Assistance re identifying range of comms, influencers
- ➤ Any other thoughts / comments









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Pandemic Influenza What do you need to know?

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Aims of the Session

- > Understanding swine flu and pandemic
- ➤ Current picture
- ➤ What the NHS is doing to prepareservices and communities







Swine flu- why the fuss?

- Late April: An entirely new virus 'novel H1N1'
- Spreads very easily from person to person....apparent lack of immunity
- Relatively mild disease outside of Mexico...BUT approximately 2% more severe illness and causing deaths (146 in 8 countries)
 - 11th June 2009 WHO declared Global Pandemic of Moderate severity







What do we know?

- > Preferentially attacks younger people
- ➤ Majority cases occurring < 25 years of age, full recovery with or without antivirals
- ➤ Most severe and fatal infections occur in adults aged 30-50 (up to half in previously healthy)
- Many of severe cases had underlying conditions, heart, chest, autoimmune,

obesity, diabetes, pregnancy

Working together to make South of Tyne and Wear healthy for you



What don't we know?

- ➤ Do we have enough information from the 55K cases?
- ➤ What will happen in developing world?
- ➤ How will novel H1N1 change?
- ➤ What will autumn and winter bring?
- ➤ What about H5N1 (avian flu virus)?
- Unpredictability / Uncertainty







Epidemic: large outbreak in a single community, population or region

Pandemic: epidemic spreading around the world affecting millions of people, across many countries

Geographical description NOT severity not IMPACT





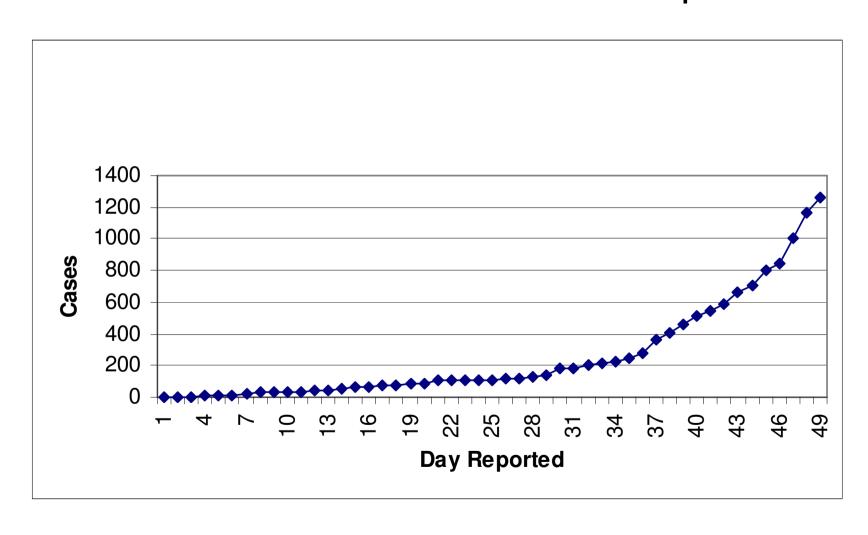


- 55, 000 cases in over 100 countries with 238 deaths (8 countries)-undoubtedly an underestimate
- UK- 3500 + cases, Scotland(739+), West Midlands, London, South East-as above
- NE-31 cases, 3 Sunderland,-as above
- 1 death in UK, 64 hospitalisations, 5+ in critical care, 23 School closures-constantly changing





Swine Influenza Cumulative UK Cases from 27th April 2009





Activity across the 3 local PCTs since 29th April

- Command & control
- HR
- Self Care
- Antiviral Collection Centres
- Flu Line
- Business continuity plans

- Communications
- Primary Care Services
- Community care services
- Surge management
- Vaccination Plans
- Recovery







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- ➤ Current picture
- ➤ What the NHS is doing to prepareservices and communities?



Questions or Comments?



