

# Planning for a human influenza pandemic

Guidance to Further Education Colleges

department for

**education and skills**

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# FURTHER EDUCATION COLLEGES: GUIDANCE ON PLANNING FOR A HUMAN INFLUENZA PANDEMIC

## SUMMARY AND KEY MESSAGES

- The Government recommends that organisations, including those in the public sector at local level, should be as prepared as possible now so that plans can be activated when pandemic flu arrives in the UK.
- DfES recommend that local authorities, schools, Further Education (FE) colleges, Higher Education Institutions (HEIs) and other service providers develop contingency plans now, which should be part of their general business emergency/ continuity planning.
- Government advice is that people should plan to continue everyday (essential) activities as normally as possible during a pandemic, while taking personal responsibility for self-protection and social responsibility to lessen the spread of the virus.
- DfES does not expect to advise colleges or others within the FE sector to close – such decisions are matters for governors, principals and senior managers – but instead, to plan for a range of scenarios - staying open, reducing operations and/ or closing to students, during a pandemic.
- This guidance has been developed by colleagues working in the FE sector, informed by experts, to help principals and senior managers to plan for pandemic flu. It includes links to key websites to ensure the latest information is readily available.

## GENERAL INTRODUCTION

### Government advice

1. This guidance has been developed in consultation with a wide range of colleagues working in the further education sector including the Learning and Skills Council, Association of Colleges, Sixth Form Colleges' Forum, NATFHE, and UNISON, and with expert input from the Department of Health (DH) and the Health Protection Agency (HPA).
2. The guidance draws heavily from, and aligns closely with, other guidance for the education and children's services sectors which has been produced in consultation with other Government departments as part of the Government's coordinated efforts to encourage prudent planning across all sectors. It includes links to a range of useful information sources which will be updated on a regular basis to take account of emerging issues, scenario planning and advances in our understanding of the issues we face. By using such links we hope to provide easy access to the most accurate and up to date information available, without having to burden you with regular updates or amendments. These links are included within the body of this guidance, and set out for ease of reference in Annex B.
3. It has been developed to help college principals and senior managers to plan and prepare for pandemic flu by offering a sector-specific perspective. It is likely to sit alongside other college emergency/ business recovery plans, adding to, or drawing from established plans and practices. And, whilst it has been developed from a college perspective, much of the content is equally applicable to other FE providers. Indeed, the FE sector comprises a range of different 'types' of institutions. This guidance is intended to provide a basis for planning and preparation across the FE sector as a whole. However, it is recognised that some specialist and residential colleges, for example, land-based colleges and colleges providing education and care for learners with learning difficulties or disabilities, may need to consult other additional sources of guidance to help them plan effectively for their particular needs. These institutions already have links with the key government departments and agencies concerned. In the case of land-based colleges, DEFRA

([www.defra.gov.uk/animalh/diseases/notifiable/disease/ai/index.htm](http://www.defra.gov.uk/animalh/diseases/notifiable/disease/ai/index.htm)) provides advice and guidance to those working with birds and poultry, whilst the Department for Health/ NHS ([www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu)) provides advice and guidance to those with care related responsibilities.

### Setting the scene

4. The Chief Medical Officer's publication 'Explaining Pandemic Flu' sets the context for this guidance:

The World Health Organisation (WHO) and other international organisations have recently warned that an influenza (flu) pandemic is 'inevitable'. The consequences of an influenza pandemic would be serious with the numbers of people falling ill and dying being far higher than with 'ordinary' winter flu outbreaks.

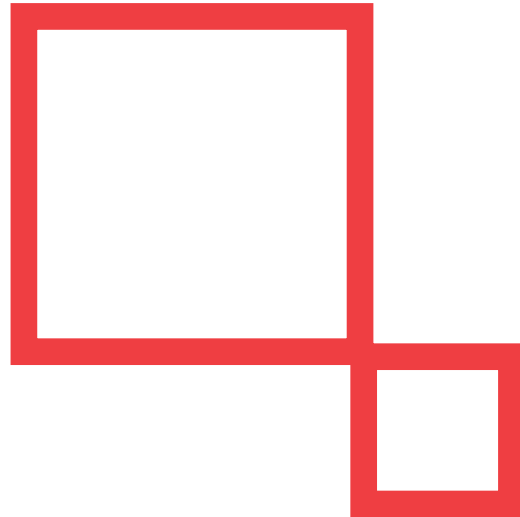
Influenza pandemics are not new. Three flu pandemics caused public health emergencies during the last century and experts are predicting that another is due.

5. No-one knows exactly when a pandemic will occur. When it does, it may come in two or more waves several months apart. Each wave may last two to three months across the UK as a whole. If a pandemic flu strain emerges overseas, it will almost certainly reach the UK; while this may take around a month, planners cannot rely upon having that much forewarning. Once the pandemic arrives, it is likely to spread throughout the UK in a matter of weeks.

### World Health Organisation Phases

The WHO has set out the phases of a pandemic, and these are often cited to refer to the different situations we may face. The meaning of the most relevant phases is summarised below:

**Phase 3:** the **current position** at the time of publication of this guidance (July 2006); human infection with a new sub-type of virus, but no new human-to-human spread, or at



most rare instances of spread to a close contact;

**Phase 4:** small clusters of infection, but limited human-to-human transmission; virus not well adapted to humans

**Phase 5:** large clusters of infection but human-to-human spread is still localised; this suggests the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible between humans (substantial pandemic risk);

**Phase 6: pandemic phase;** increased and sustained transmission between humans.

6. The UK Health Departments have published a plan for how the Government overall will respond (see Annex B). The Government recommends that organisations, including those in the public sector at local level, should be as prepared as possible now so that plans can be activated when a pandemic arrives. DfES has produced this guidance in consultation with other Government departments as part of the Government's coordinated efforts to encourage prudent planning across all sectors. This guidance is to support planning in colleges and the FE sector. Separate guidance on specific issues (eg infection control) will follow, and we will review this guidance regularly. This guidance is for England only, but we have worked closely with the Devolved Administrations, who will publish parallel guidance.

7. Flu viruses change all the time. A vaccine closely matching the specific virus in a pandemic will not be available for the first wave of a pandemic. The Department of Health (DH) is procuring a stockpile of enough anti-viral drugs (Tamiflu) to treat 25% of the population, the scenario considered most likely, based on WHO advice about the likely attack rate. This should be complete by September 2006: these will be used to treat those who fall ill (not to prevent illness).

8. Planning for a flu pandemic presents challenges because it is impossible to predict its characteristics in advance, e.g. whether it will be relatively mild or severe, and whether it will have the same impact on all age groups, or affect some more than others. If the next flu pandemic were similar to those in the 1950s and 1960s, most of the additional deaths

would be among the elderly, but the 1918-19 'Spanish' flu pandemic had a different profile, with young adults being most affected.

9. DH advises that planning should be adaptable, to respond to different levels of infection and fatality. To put these levels into some context, the lowest likely levels of infection and fatality would mean around 54,000 deaths in excess of normal levels in the UK, the highest likely levels over 700,000, over the course of a pandemic, which may involve more than one wave

**10. Current advice from the Government is that people should try to continue their everyday (essential) activities as normally as possible during a pandemic, while taking personal responsibility for reducing their risk of exposure to the virus and social responsibility to lessen the spread of the virus.**

11. There are however some specific issues to consider concerning children, and this is reflected in our guidance to schools and children's services. Children are highly efficient 'spreaders' of respiratory infections, both among themselves and to adults in their families, which can lead to a rapid spread of infection when they are together in school or other group settings. There is some evidence that such infections (eg seasonal flu) spread less among children during school holidays than in term-time, and indications that closing schools and similar settings could reduce the spread of pandemic flu among children, though it may not reduce infection in the adult population as a whole. There may therefore be circumstances in which the Government would advise the closure of schools and group childcare settings during a pandemic.

12. Colleges and others in the FE sector will wish to be aware that we are recommending that schools and childcare settings plan both for staying open and for possible closure, for some or all of a pandemic. Closure could either be very localised and brief – for example, a school with too few staff to operate safely – or more widespread and for a longer period, in order to reduce the spread of infection among children. If a school were to close to pupils for child welfare reasons, school employers would still ask staff to work; this is consistent

with advice to employers in all sectors.

13. DfES does not expect to advise colleges or others within the FE sector to close. Such decisions are matters for governors, principals and senior managers. DfES recommends that all colleges and others within the FE sector plan for a range of scenarios - staying open, reducing operations and/ or closing to students, during a pandemic. Even if colleges remain open, some students may choose not to attend in order to reduce their risk of infection.

**14. On this basis, we recommend that local authorities, schools, FE, HE and other service providers develop contingency plans now, which should be part of their general business continuity planning.**

#### **Advice to colleges and others within the FE sector**

15. We advise colleges and others in the FE sector to check that they are clear about what they should do during a pandemic, and in the weeks immediately before the pandemic arrives in England, in order to be ready when it arrives. While there **may** be some time to review plans in the period between a pandemic being identified elsewhere in the world and it reaching the UK, this cannot be guaranteed, so most work should be done now, and then reviewed regularly – we would suggest at least annually – until a pandemic occurs.

16. Many colleges and other organisations will already have detailed emergency plans in place. For further assistance on emergency planning, take a look at DfES's existing generic guidance on emergency planning, which includes a draft Emergency Plan for schools which can be adapted for college use, at: [www.teachernet.gov.uk/emergencies](http://www.teachernet.gov.uk/emergencies). Annex A outlines communications channels – “Who does what before and during a pandemic”.

17. Familiarise yourself with:

- Government advice on pandemic flu planning at [www.ukresilience.info/emergencies/health.shtm#guidance](http://www.ukresilience.info/emergencies/health.shtm#guidance) and at [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu); and

- the current World Health Organisation (WHO) phase of alert at:  
[www.who.int/csr/disease/avian\\_influenza/phase/en/index.html](http://www.who.int/csr/disease/avian_influenza/phase/en/index.html) .

18. Remind staff about where they can find general background information: NHS leaflet for families available at [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu) - alongside other documents including answers to Frequently Asked Questions - such as why there will be no effective vaccine in the first wave of a pandemic; and why a pandemic can strike at any time of the year.

### **What colleges and others in the FE sector should do now**

19. Start planning now, for:

- how you would act when a pandemic is imminent, and once a pandemic is announced. Do involve staff and student representatives in your planning;
- how your college would stay open, and the circumstances in which you might reduce operations or close to students, in a pandemic. (We advise all colleges to plan for a range of scenarios);
- how you would maintain some services during a pandemic and how would you manage closure; and
- what you would need to do to re-open.

20. Consider when you might:

- outline your plans and proposals for managing through a pandemic;
- disseminate, update or remind staff and students about reducing the spread of infection and aspects of personal hygiene education – including coughing/ sneezing etiquette and hand washing. See “guidance on infection control”, including personal hygiene, at: [www.wiredforhealth.gov.uk/cat.php?catid=917](http://www.wiredforhealth.gov.uk/cat.php?catid=917)
- prepare people to identify symptoms in a pandemic - see infection control guidance, above.



Plan for what you should do when a pandemic is imminent

21. You should refresh lists of contact names, phone numbers and addresses for all staff and students – most colleges do this regularly anyway – but do encourage staff and students to help you keep these details up-to-date.

22. Agree a plan for communications with staff, students (and where appropriate) with parents for when a pandemic starts, using a range of communications channel for any messages that will be urgent and important. Consult the local media about communication channels and liaise with local schools about their plans and arrangements. Communication channels might include:

- A pre-pandemic 'communication' meetings – hold open meetings for staff, and for students where plans, issues, views and concerns can be discussed and taken into account;
- Use of postal services;
- Using a text-messaging service;
- Using email;
- E-networks/ websites;
- Creating a cascade/ phone-tree (which might be used by staff within groups or departments);
- Use of local radio/ TV announcements and updates;
- Use of teletext;
- Use face-to-face contact;

23. For each option consider "How practical is this? To what extent will it reach the intended audience? What else will we need to do?" You should also consider the needs of students (and parents) where English is not their first language.

24. Remind yourself and managers of relevant policies for staff absences, e.g. about staff taking time off short-term to care for a sick member of their family, or to look after children whose school is closed, and consider how these policies might operate within the exceptional circumstances of a pandemic. Employees have rights to time off for dependants, see: [www.dti.gov.uk/employment/employment-legislation/employment-guidance/page19475.html](http://www.dti.gov.uk/employment/employment-legislation/employment-guidance/page19475.html)

25. You should consider what you can reasonably do to reduce risks to staff and students from infection when the college is open (and if it closes to students, when it re-opens). This might include encouraging high levels of personal hygiene – advising of coughing/sneezing etiquette, hand washing, disposal of tissues, etc., and reassessing cleaning contracts and arrangements. Infection control measures will be particularly important in residential settings. Further guidance on infection control will be issued later in 2006.

**26. Until a pandemic strain of virus has been identified, one cannot say whether people with specific existing medical conditions might be more vulnerable to the pandemic strain or not. You may however wish to ensure that your plans take account of the needs of students with learning difficulties in terms of taking precautions or identifying symptoms.**

27. Bear in mind that pandemic flu will be everywhere, so it is first and foremost a public health matter, rather than a workplace safety matter. The Health and Safety Executive (HSE) expects that only health laboratory staff researching the virus, health service staff caring for infectious patients, residential care workers, and other staff in those workplaces such as cleaners, could face significant infection risks as a direct consequence of their work. See the HSE's general guidance to employers at: [www.hse.gov.uk/biosafety/diseases/pandemic.htm](http://www.hse.gov.uk/biosafety/diseases/pandemic.htm)

28. Consider how your college/ setting would cope with any death/s in the college/ community during the pandemic. At the same time, it is important to emphasise that most people who get flu will shortly recover. You may want to consider the DfES advice for

schools in coping with the sudden death of a student, which might be relevant in some cases, and includes brief references to possible counselling needs:  
[www.teachernet.gov.uk/wholeschool/healthandsafety/pupilmortality](http://www.teachernet.gov.uk/wholeschool/healthandsafety/pupilmortality)

### **What colleges should do in a pandemic**

29. The Government is unlikely to seek to use emergency powers under the Civil Contingency Act 2004. For those interested, see [www.resilience.gov.uk](http://www.resilience.gov.uk). The DfES expects to issue advice and guidance, not instructions, for colleges and others in the FE sector.

30. The governing body, the principal and senior managers should ensure that they are clear about decision-making responsibilities for keeping the college open, reducing operations, or for agreeing its closure. Who will take the decision on the day, and who will the decision-taker consult or inform about the decision?

31. Consider the 'triggers' for reducing operations and for possible closures: closure of local schools; minimum staffing for the college; proportion or absolute number of which types of staff will college managers want to have at work, in order to remain open? Ideally Principals would have discussed with others – including the LSC - before the event, the circumstances that would make closure advisable; so that in the event, the decision to reduce operations or to close is clear and unequivocal.

### **Planning to remain open**

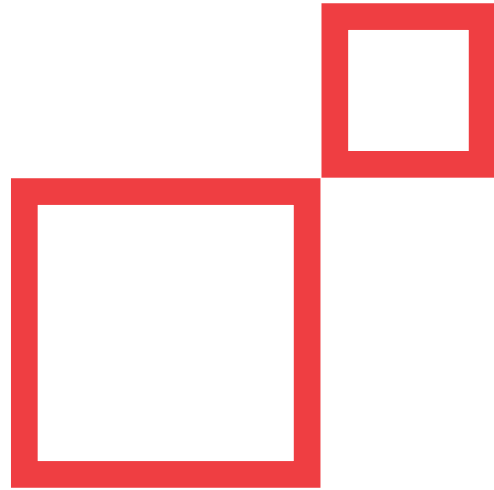
32. We advise you to plan in advance - what you will need to remain open and what levels of operation you will maintain. In particular consider:

- clear lines of authority/ succession planning - if the principal and deputy are ill, managers must understand seniority/ cover arrangements;
- ensuring work with unions and staff associations to agree plans and arrangements, including appropriate local flexibilities, and working practices;
- the extent to which working from home might be appropriate/ encouraged;

- ensuring suitably qualified staff are available to maintain operations/ deliver services and provision;
- the need to carry out risk assessments where staff undertake new or less familiar tasks;
- the availability of premises officers/ key holders to open/ close buildings. Also consider security issues, setting of alarms etc. Consider any insurance implications;
- maintaining heating and buildings services if caretakers/ premises officers absent;
- the need for increased cleaning/ infection control measures – consider any changes to cleaning contracts that might be needed;
- the effect of a lack of cleaning staff at time when improved hygiene required;
- college catering contracts/ services – maintaining H&S, contractual issues; See: Infection control guidance for contractors or managers of cleaning and catering staff: good practice recommended by HSE: [www.hse.gov.uk/biosafety/diseases/pandemic.htm](http://www.hse.gov.uk/biosafety/diseases/pandemic.htm))
- the use of supply teachers, volunteers, recently retired lecturers, etc - set up a register;
- the needs of young and vulnerable learners – ensure that appropriate CRB checks are undertaken;
- your policy on students that become ill in college – is it safe to send them home on their own, or on public transport, etc?
- Consider advice from other sources eg Directgov:  
<http://www.direct.gov.uk/Homepage/fs/en>

33. Consider, can the colleges continue to deliver good provision with lecturers absent?  
What are your options?

- Prioritise provision for those due to undertake exams and assessments?
- Reschedule timetable/ consolidate small classes and groups?



- Advise lecturers where to find advice on how to adapt their lesson plans/ practice?
- Prepare contingency lesson plans – set assignments, coursework, consider distance learning options?

34. Recognise that staff absences may be disproportionately high in small colleges/ sites.

35. Special considerations – should colleges do anything different for:

- Students with learning difficulties and disabilities?
- Students who travel a long way every day or every week to a college with a wide catchment area?
- Overseas students – who may be unable to return home due to travel restrictions?

### Planning to Close

36. It is possible that some colleges would need to close during a pandemic. Given the anticipated spread, it is likely that the pandemic would affect all colleges in a given area at about the same time.

37. Ideally principals would have discussed with others – including the LSC - before the event, what circumstances would make closure advisable; so that in the event, the decision to close is clear and unequivocal.

38. It is expected that confirmation of closure would need to be sent to the local LSC. Details and arrangements for doing this will be confirmed through more detailed advice which will be issued at a later date. Information needed is likely to include:

- Extent of the closure – partial (limited number of sites, departments, cohorts, etc), or closed to students (but staff continuing to work), or complete closedown (all sites closed, subject to essential maintenance work);
- Numbers of students affected.

### **Continuing to provide education when closed**

39. Colleges will wish to be aware that DfES is asking local authorities to make preliminary plans for providing some kind of education to pupils aged up to 16 if schools are closed to pupils. DfES is looking into distance learning options and we will provide more information later in the year. Colleges may wish to consider what options might be available for them to maintain some level of service: distance/ open learning options; setting assignments and coursework; use of the web; etc.

40. Whilst wishing to continue to provide a service to students, college advice to staff and students should recognise that learning will not happen while a student is ill, and neither will marking or other teaching related work whilst staff are ill.

41. DfES is working with QCA, awarding bodies and others to ensure that they have contingency arrangements ready to be implemented if a pandemic affects public examinations. QCA will publish guidance on this, and we will provide a link to their guidance on this website.

### **How and when to re-open?**

42. It is likely that there will be one or more subsequent waves of the pandemic, possibly several months apart. People who had been infected and recovered may be immune to further infection from that strain of virus, though this is not certain. In the light of information about the strain of virus, we would expect to be able to offer advice about when such people would be able to return to work/ learn. The decision to reopen will be taken by the principal / chair of governors based upon advice on the phase of the pandemic and any advice on pre-opening cleaning/ preparations.

43. Confirmation of the extent/ phasing of re-opening would be discussed with the local LSC and communication arrangements agreed.

**Specialist/ Residential Colleges** – Further to paragraph 3, we recognise that many specialist and residential colleges cater for students with a wide range of differing needs. In general, we expect that such colleges will want to follow guidance for other colleges and educational settings. However, we recognise that a number of students with complex needs, including medical needs, many of whom would be in residential colleges (in some cases for 50-52 weeks pa), could not easily be cared for in a different setting. It may therefore be in the interest of those students for their college to remain open even if other colleges and schools are closing during a pandemic. We advise specialist colleges to consult social and healthcare professionals and to continue to care for this group of students, while taking appropriate infection control measures, if the principal/governing body decide exceptionally that is in the students’ best interest.

#### **Other issues**

45. New issues and considerations will keep arising over time. It is on this basis that this guidance includes links to a range of useful information sources which will be updated on a regular basis to take account of emerging issues, scenario planning and advances in our understanding of the issues we face. By using such links we hope to provide easy access to the most accurate and up to date information available, without having to burden you with regular updates or amendments.

# ANNEX A

## ADVICE AND COMMUNICATIONS - WHO DOES WHAT BEFORE AND DURING A PANDEMIC

England-wide: The Government wants to give consistent messages to all sectors of the public about pandemic influenza. Before a pandemic (from now until a pandemic) core messages on public health matters will come from the Department of Health, and DfES will help to pass on these messages to colleges and others in the FE sector liaising closely with our range of partner interests about appropriate communication channels. If a message is both urgent and important, we will consider using other channels in addition, e.g. issuing a statement to the news media.

During a pandemic, while DfES would publicise national messages relevant to partners in the sectors for which it is responsible, any communications about what colleges or other services in a specific area should be doing will be handled locally through the arrangements set out below.

Regionally: Before a pandemic, at the regional level in England, the Government's civil-protection planning for a pandemic is co-ordinated through 9 Regional Resilience Forums (RRFs), one in each Government Office region; they will forward Government guidance on schools, children's services, FE and HE to the 43 Local Resilience Forums in England (LRFs, generally based on police force areas). In a pandemic, Regional Civil Contingency Committees will co-ordinate, and will report to central Government on the situation in schools, colleges and other services.

Locally: Before a pandemic, the Civil Contingencies Act 2004 requires front-line emergency responders (eg NHS, police, local authorities) to work in partnership to build their preparedness. This legislation requires what the Act terms 'Category 1 responders' to maintain emergency plans and business continuity arrangements, informed by risk assessments, to ensure that they can mobilise an effective emergency response, and are able to continue to exercise their other functions during a full range of emergencies, including health emergencies. The legislation also requires local authorities and other key partners to exercise these plans.



In a pandemic, response and recovery at the local level is led by Strategic Co-ordinating Groups (SCGs, again based on police force areas). These are the key bodies tasked with delivering an effective and joined up response. Key front-line responders will participate in SCGs.

# ANNEX B

## DETAILS OF WEB LINKS REFERRED TO IN THIS GUIDANCE

**Para 3:** DEFRA advice and guidance for those working with birds and poultry ([www.defra.gov.uk/animalh/diseases/notifiable/disease/ai/index.htm](http://www.defra.gov.uk/animalh/diseases/notifiable/disease/ai/index.htm)).

**Para 6:** The UK Health Departments have published a plan for how the Government overall will respond [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu).

**Para 16:** Emergency Planning – DfES’s existing generic guidance on emergency planning, including a draft Emergency Plan for schools which might be adapted for college use: [www.teachernet.gov.uk/emergencies](http://www.teachernet.gov.uk/emergencies).

**Para 17:** Government advice on pandemic flu planning at [www.ukresilience.info/emergencies/health.shtm#guidance](http://www.ukresilience.info/emergencies/health.shtm#guidance) and at [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu). And the current World Health Organisation (WHO) phase of alert at: [www.who.int/csr/disease/avian\\_influenza/phase/en/index.html](http://www.who.int/csr/disease/avian_influenza/phase/en/index.html) .

**Para 18:** NHS leaflet for families available at [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu) - includes answers to Frequently Asked Questions.

**Para 20:** “Guidance on infection control”, including personal hygiene, at: [www.wiredforhealth.gov.uk/cat.php?catid=917](http://www.wiredforhealth.gov.uk/cat.php?catid=917)

**Para 24:** Employees have rights to time off for dependants, see: [www.dti.gov.uk/employment/employment-legislation/employment-guidance/page19475.html](http://www.dti.gov.uk/employment/employment-legislation/employment-guidance/page19475.html)

**Para 27:** HSE’s general guidance to employers at: [www.hse.gov.uk/biosafety/diseases/pandemic.htm](http://www.hse.gov.uk/biosafety/diseases/pandemic.htm)

**Para 28:** Coping with death/s in the college/ community during the pandemic. DfES advice for schools in coping with the sudden death of a student, might be relevant in some cases: [www.teachernet.gov.uk/wholeschool/healthandsafety/pupilsfatality](http://www.teachernet.gov.uk/wholeschool/healthandsafety/pupilsfatality)

**Para 29:** The Government is unlikely to seek to use emergency powers under the Civil Contingency Act 2004. For those interested, see [www.resilience.gov.uk](http://www.resilience.gov.uk) .

**Para 32:** Infection control guidance for contractors or managers of cleaning and catering staff: good practice recommended by HSE:  
[www.hse.gov.uk/biosafety/diseases/pandemic.htm](http://www.hse.gov.uk/biosafety/diseases/pandemic.htm)

**Para 32:** Other sources of Government Advice through Directgov:  
<http://www.direct.gov.uk/Homepage/fs/en>

# ANNEX C

## MAIN PLANNING ASSUMPTIONS ABOUT A HUMAN FLU PANDEMIC (from UK Influenza Pandemic Contingency Plan)

- A new pandemic will be due to a new sub-type of influenza A;
- A pandemic strain could emerge anywhere, including the UK, but is most likely to emerge in China or the Far East; spread from an origin in Asia is likely to follow the main routes of travel and trade;
- In the event of a novel influenza virus causing significant outbreaks of human illness elsewhere in the world, it is unlikely that the UK could prevent importation (except by closing all borders); even a 99.9% restriction on travel into the country would only be expected to delay importation of the virus by up to two months;
- Spread from the source country to the UK is likely to take around a month...modern travel may result in wide international spread even more rapidly than this;
- Following arrival in the country it will take a further 2-3 weeks until cases are occurring across the whole country;
- Once influenza levels exceed the baseline threshold, influenza activity in the UK may last for 3-5 months, depending on the season, and there may be subsequent waves, weeks or months apart;
- All ages will be affected, but children and otherwise fit adults could be at relatively greater risk, particularly should elderly people have some residual immunity from exposure to a similar virus earlier in their lifetime;
- For planning purposes the base scenario, based on previous pandemics in the 20th century, is a cumulative clinical attack rate of 25% of the population (the figure advised by the WHO) over one or more waves of around 15 weeks each, weeks or months apart. The second wave may also be the more severe. 10% and 50% attack rates have also been considered;
- The impact of overall case fatality rates between 0.37% and 2.5% have also been considered. See the table below

### Range of possible excess deaths, UK population

Case Fatality Rate (CFR.)	10% attack rate	25% attack rate	50% attack rate
0.37%	21,500	53,700	107,500
1.00%	56,700	141,800	283,700
2.50%	141,800	354,600	709,300

You can download this publication online at  
[www.teachernet.gov.uk/humanflupandemic](http://www.teachernet.gov.uk/humanflupandemic)

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