Anti-viral Strategy:

As an integral part of the University of Edinburgh's strategy for preparedness for an influenza pandemic, the University has had to consider the potential place within its overall strategy for anti-viral treatments. Anti-viral treatments should not be confused with any type of influenza vaccine – human vaccines, specific to the strain of influenza virus which ultimately becomes the pandemic strain, are preventative measures, and will not be available until some months into a pandemic scenario. Anti-viral drugs are treatment measures, to be applied once an individual shows symptoms of infection.

Pandemic influenza is a serious and challenging public health issue, which is now recognised world wide. This public health issue contains within it elements of direct relevance to occupational safety and health, as well as the wider health connotations. The UK Health and Safety Executive (HSE) has indicated that employers will be expected to seek to minimise the potential for staff to be infected by, and to suffer from, pandemic flu so far as that can be under their control, during a serious public health event.

Anti-viral Strategy

In that regard, because we do not yet know how severe a pandemic will be, and what pattern it will follow, we must anticipate a situation in which certain key workers within the University will still be getting on with their jobs, at least in the early stages of a pandemic situation (e.g. Accommodation Services). Under the Control of Substances Hazardous to Health (COSHH) Regulations, we as an employer are duty bound to protect these individuals, so far as we can, and we have interpreted that requirement as involving, amongst other precautionary measures, the provision of anti-viral treatment support.

However, the University wishes to do everything in its power to assist everyone within the University of Edinburgh, in the event of a flu pandemic, and so has investigated ways of facilitating all other (i.e. other than identified key workers) members of the University community accessing information, support, and anti-viral provision, if they so wish.

The anti-viral treatment which is most widely acknowledged as likely to be effective against a pandemic strain of the flu virus is Tamiflu[tm], manufactured and marketed by the Roche pharmaceutical company. Early in UK pandemic flu planning, it was thought that the stocks of Tamiflu[tm] manufactured by Roche would be fully used up by government requirements for front line workers, such as NHS staff, police etc., but late in 2006 it became apparent that the University, and other employers, could purchase Tamiflu[tm] from limited excess stocks produced by Roche – the University has purchased Tamiflu[tm] from that source to provide for its key worker cohort (and their immediate household members, as advised by medical experts looking at effective contingency planning measures).

In the event of a pandemic striking, this Tamiflu[tm] provision for the key worker (and household member) cohort will be prescribed on an individual basis by the University's Occupational Health Physician, each prescription accompanied by detailed instructions on administration, and guidance on contra-indications. Specific details of this process will be publicised as soon as is practicable after a pandemic situation is announced.

The University's senior management team has decided to go further, however, and has identified a scheme run by Health Care Connections (HCC) which facilitates all members of the University of Edinburgh community accessing a comprehensive online information and support system on pandemic flu. This includes the opportunity for individuals to purchase Tamiflu[tm], should they so wish. Details of how to access the HCC system can be found on the University's avian pandemic flu channel on MyEd (www.MyEd.ed.ac.uk)

Issue of Tamiflu[tm] to individuals who wish to subscribe to the HCC scheme will again be by prescription from HCC medical practitioners, in liaison with the individual's own General Practitioner, with back up information and guidance also provided.

These two key elements will, we believe, complement each other in facilitating a pandemic flu anti-viral strategy for University of Edinburgh, which meets the needs of all facets of preparedness planning, as far as it is currently practicable, given the information on pandemic flu which is presently available to us.

It must, however, be borne in mind that, as of October 2007, the National Health Service has planned on the basis of increasing the UK NHS Tamiflu[tm] stockpile, available for treatment of members of the general public, from 25% to 50% of the UK population. This is a very welcome development. The logistical aspects of dissemination and supply of this anti-viral drug have not, as yet, been fully formulated.

The HCC scheme described above, access to which is available through the conduit of the MyEd Pandemic Flu Channel, provides an alternative to reliance upon NHS Tamiflu[tm] provision, which members of the University community may wish to consider, on an entirely voluntary individual basis. In any event, Tamiflu[tm] must only be employed as a treatment measure, in line with the instructions supplied with the medication, very soon after an individual has begun to exhibit symptoms, as any attempt to use the drug in a prophylactic (preventative) role is likely to be ineffective, and potentially counterproductive.

This strategy is a dynamic organism, which we expect to develop and evolve, as awareness and planning within academic teaching and research areas of the University grows over the next few months.

If you have any queries regarding the above information, please email Health.Safety@ed.ac.uk.