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## ***BUSINESS ADVISORY NETWORK FOR FLU REVISED SWINE FLU PLANNING ASSUMPTIONS***

3 September 2009

*Dear Colleagues,*

### **Revised Swine Flu-specific planning assumptions to guide business continuity planning until mid-May 2010.**

I wrote to you on 16 July to highlight the publication of the first set of swine flu-specific planning assumptions to assist your business continuity planning. At that time, I noted that I expected these to be revised as our collective understanding of the virus and of its impact continued to improve. The first revision of these planning assumptions has now been produced and is being placed on the UK Resilience website later today ([http://www.cabinetoffice.gov.uk/ukresilience/pandemicflu/risk/current\\_risk\\_assessment.aspx](http://www.cabinetoffice.gov.uk/ukresilience/pandemicflu/risk/current_risk_assessment.aspx)).

As before, the revised planning assumptions describe the types and scales of challenges which organisations should be prepared to respond to. We intend that they should therefore provide a common agreed basis for planning across all public and private sector responder organisations.

You will notice the two key changes flowing from our better understanding of the virus:

- A reduction of the rate of hospitalisation, from 2% to 1%
- A reduction in the upper bound of the case fatality ratio from 0.35% to 0.1%.

As before, the calculations are based on a number of parameters each taken, for prudence, at their 'reasonable worst case' value. For some calculations, the combination of several such calculations means that the planning assumptions represent a relatively low probability scenario. That is right in terms of prudent planning, so that we can ensure that plans are robust against all likely scenarios. But the planning assumptions should thus not be taken as a prediction of how the pandemic will develop.

### ***Spread***

In this context, I would, in particular, draw your attention to the analysis of the rise and passing of the first wave and the material on the second wave. A substantial peak of any second wave could now not occur until at least late October. It may well be later. For every week that passes where we see a low number of new cases, so the timing of the peak will shift. Which brings in the issue of vaccination. As a matter of prudence, the calculations take no account of the impact of vaccination until we can be more certain about the timing of delivery of a licensed vaccine in sufficient quantities. But, clearly, the longer the onset of the second wave is delayed, the greater the chance of the vaccine having a major impact on the spread of the disease and, hence, the number and severity of cases.

As has already been seen, the disease may well not spread uniformly across the UK and business continuity planning should continue to take this into account. That might, of course, provide some advantage to companies with footprints across different parts of the UK and with the flexibility to move work around.

### ***Absence from work***

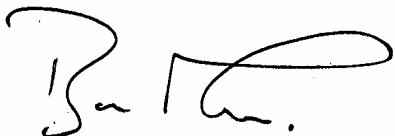
The planning assumption for absence from work is unchanged from the previous version. This covers the proportion of the workforce who may be absent from work at the peak of the local epidemic because they are ill themselves or because they are looking after ill children. More detailed analysis and information on duration of symptoms, etc. can be found in the full revised planning assumptions document (link above). Following feedback from BANF members, the assumption for sickness absence is now expressed in calendar rather than working days<sup>1</sup>.

I hope that the material above is helpful to enable organisations to plan for the impacts of the pandemic. The planning assumptions will, on current plans, be reviewed some 4-6 weeks from now, taking into account the spread of the disease at that stage, what we know then of the proposed vaccination programme and new information about the virus.

If you have any queries on these planning assumptions, please do email my team at [banf@cabinet-office.x.gsi.gov.uk](mailto:banf@cabinet-office.x.gsi.gov.uk).

I will also take this opportunity to formally invite you to the next BANF briefing meeting which will take place on Monday 19 October from 9.30am at 1 Victoria St, London. Should you wish to reserve a space at the event, please email [banf@cabinet-office.x.gsi.gov.uk](mailto:banf@cabinet-office.x.gsi.gov.uk). This event will follow a similar routine to the previous events held on 30 June and 25 August.

*Yours sincerely*



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<sup>1</sup> BANF members who attended the sickness certification workshop on 12 August will notice that the estimate of the proportion of people suffering from symptoms for more than 10 calendar days is different than that referred to in the workshop – 25% rather than the 2.5% in the workshop slides. Following the workshop, it became apparent that a typing error had crept into the slides and unfortunately had not been spotted. In terms of our discussion, however, we do not expect this error to change the findings, as people with symptoms for over 10 calendar days have tended to be those with complications who we would expect to be in close contact with the NHS anyway about their treatment and can, therefore, obtain any necessary medical evidence to support their absence during this time.