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"Pandemic Flu

Pandemics of influenza have caused widespread illness, a large number of deaths, including among children and young adults, and huge societal disruption, concentrated in just a few weeks. There is currently rising concern that a new influenza virus with pandemic potential will emerge and spread and a further pandemic can be expected.

Not least among the uncertainties of flu pandemic will be our ability to reduce its impact through medical countermeasures such as a suitable vaccine to protect people against the new virus and antiviral drugs to prevent or treat the illness.

The normal annual influenza vaccine will not protect against a pandemic strain, and a specific vaccine will need to be developed and manufactured.

A stockpile of antiviral drugs is being built up nationally but until the pattern of a new pandemic emerges it will not be known how effective they will be.

In the event that medical interventions such as vaccines and, antiviral drugs are absent or in limited supply or prove ineffective, other public health or social interventions may help limit or slow the spread of the disease.

In past pandemics, the scale and severity of illness, and hence the consequences have varied considerably but in general have been of a much greater magnitude than even the most severe 'epidemic' winters. There have also been material differences in the age groups most affected (for example, working age adults rather than the elderly). the time of year of outbreaks and the speed of spread, all of which will influence the overall impact.

The impact of a flu pandemic on health and social services is likely to be intense, sustained and nation-wide and they may quickly become overwhelmed.

After graduating from Edinburgh University, BSc in 1984, MBChB in 1987, and an MSc in Public Health in 1993, experienced was gained at Lanarkshire Health Board before an attachment to the World Health Organization in Geneva. Dr Black returned to Scotland in November 1998 to the Public Health Policy Unit of the Scottish Executive and the Health Education Board for Scotland. Further experience as a senior registrar was gained at Lothian Health Board. He subsequently was a locum consultant at Borders Health Board, the Information and Statistics Division and the National Services Division of the Common Services Agency of the National Health Service. At NSD a significant piece of work was on a review of mental health services in Scotland for those who are deaf. The provision and organisation molecular genetic service in Scotland was also reviewed. At the Scottish Executive he led work that: addressed the preparedness of the NHS to meet the terms of the Disability Discrimination Act. In my previous post I was employed as a locum consultant in a post split between Orkney & Grampian Health Boards and have been full time in Orkney for a year.