



# **FLU PANDEMIC PLAN**

## ***FOR GPs***

**Dr Wong Chiang Yin**  
***President, SMA***



## FLU PANDEMIC WORKGROUP 2

# Guiding Principles on the Management of Flu Patients

- Workload too large to be handled by 18 polyclinics alone.
- GPs, which now provide 80% of primary care must play a frontline role.
- Therefore, flu cases will be managed by Polyclinics and GPs.
- Segregation to be carried out if possible by GP clinics.



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# **Guiding Principles on the Management of Flu Patients**

- GPs and clinic staff will enjoy same level of protection as cluster healthcare workers.



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# Guiding Principles on the Management of Flu Patients

- 18 clinic zones will be created around the 18 polyclinics.
- GP clinics to be organised into groups according to geographical location.
- Each polyclinic zone will help out the GP clinics with logistic issues, locum assignment and advice on local issues.
- Large clinic groups may form a group by itself.
- Details to be made known later.



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## **Logistic Issues**

- Tamiflu
- PPE
- Diagnostic Kits
- Emergency Medication



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- **Main logistic issue lies with Tamiflu.**
- If demand is smooth over outbreak period – 20,000 prescriptions and dispensing of Tamiflu are required per day.
- However, taking into account shape of epidemic curve, 40,000 prescriptions and dispensing can occur a day at peak of epidemic curve.



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### **3 ways of getting 40,000 Tamiflu courses to public:**

- Storing Tamiflu with all polyclinics and GP clinics and dispense at point of consultation.
- Central warehouse and distribution.
- Storing Tamiflu in 40 to 80 places and getting well relatives of flu patients to go there and get medicine.

None of the 3 approaches provide a perfect solution.....



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## **Option 1: Storing Tamiflu with all polyclinics and GP clinics and dispense at point of consultation – problems and strengths:**

- Security of inventory.
- Patients doctor-hop to get Tamiflu.
- Out-of-stock problems.
- Clinic Staff may face difficulty when patients denied Tamiflu.
- Good patient convenience.



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## **Option 2: Central warehouse and distribution – problems and strengths:**

- Must get logistic company locally to complete up to 40,000 deliveries to patients' doorsteps. The largest logistic company now only handles up to 4000/day without surge capacity.
- High cost.
- Good security.
- Ameliorates pressure on GPs and clinic staff.



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**Option 3: Storing Tamiflu in 40 to 80 places and getting well relatives of flu patients to go there and get medicine – problems and strengths:**

- Creates logistic problems in these places.
- Not easy to secure 40 to 80 locations.
- Infection control – apparently well relatives may also be subclinically infected.
- A compromise btw previous 2 options.



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## **Conclusion: Option 1 is the preferred option.**

- Arrived at after repeated and detailed discussions.
- Taking into account the history of dedication and professionalism of GPs and their staff during 2003 SARS.
- The rational behaviour of most Singaporeans during 2003 SARS.
- GP clinics will be supplied periodically with Tamiflu (e.g. once or twice a week).



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## **PPE**

- Distribution to workers as for SARS.
- GPs to keep 1 to 2 weeks' stock during Code Green to Orange.

## **Emergency Medication**

- GPs to also stock up on relevant medication once Code Yellow.



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## Diagnostic Kits

- Helps to allay patient anxiety and ameliorate demand for Tamiflu.
- Current kits can have shelf-life up to 12 to 18 months.
- Sensitivity ~70% for Influenza A and B.
- MOH will not stock up on test kits but GPs are free to do so.
- If you wish to use these kits, then please stock up early.
- Part of training for GPs – how to do nasal swabs, read kits etc. (Workgroup 3)



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## **Antiviral Prophylaxis**

- Will be given to all frontline staff.
- Same standards to apply for polyclinics and GP clinics.
- Free for GPs and GP clinic front line staff who treat flu patients when Full-blown pandemic is underway (i.e. Code Red).



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## **Management of Locums**

- A national resource!
- There will be some attrition of GPs in a prolonged epidemic.
- Locums' names to be given to polyclinics for polyclinic chiefs to deploy to GP clinics and polyclinics.
- All locums to register with SMA/MOH. Web-based software will be developed jointly by MOH & SMA.



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# Management of Chronic and Acute Non-flu Patients

- Once appropriate, i.e. Code Yellow – chronic patients should be advised to stock up on medications – 3/12 to 6/12.
- Chronic patients to go to clinics only when necessary during pandemic.
- Medications to be delivered to homes or to be obtained from pharmacies etc.
- Management of non-flu, non-chronic patients to continue as before, segregation only if local conditions in clinics permit.



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## **Central Database and IT Support**

- MOH to develop web-based system to track all Tamiflu Rx by all doctors in Singapore.
- Software will also be used for reporting of flu cases.