

GGNHSB PHPU NEWSLETTER

www.show.scot.nhs.uk/ggnhsb (TEL: 0141 201 4917/FAX:0141 201 4950)

- Cluster of suspected meningococcal disease in nursery
- Immunisation update
- Immunisation regime for asplenic patients
- *E. coli* outbreak
- Suspicious mail protocol

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CLUSTER OF SUSPECTED MENINGOCOCCAL DISEASE IN GLASGOW NURSERY

The PHPU was alerted to 3 cases of *suspected* meningococcal septicaemia which occurred within a month in the same Glasgow nursery. In accordance with national guidelines (CDR Review Vol 5, Review number 13, 8 Dec 1995), chemoprophylaxis was offered to all children and staff members of the nursery. Letters from the PHPU advising parents/staff to obtain antibiotics from their GPs were distributed to over 100 contacts. GPs, including those outwith our health board area, were notified by fax. Given the number of contacts, it was not possible to fax letters with individual patient details to GPs within an acceptable time-frame. A general letter was therefore faxed to the 70 practices informing them of the cluster and explaining that a contact might arrive with the PHPU letter requesting a prescription. Two of these suspected cases have since been confirmed as group B infections. All 3 patients have fully recovered.

As you are aware, this is the season for influenza and, having an association with meningococcal disease (m.d.), we see the prevalence of m.d. rise in the winter months. This is reflected in the notification rates for the winter months 2000-01 and summer months 2001. Last month alone we received 10 notifications.

Oct 00 - March 01	43 cases
Apr 01 - Sept 01	17 cases
Oct 01	10 cases

We would like to take this opportunity to stress to GPs that where meningococcal disease is suspected, the patient should immediately be given a single injection of IV/IM benzylpenicillin *before* being urgently transferred to hospital. This is the recommendation of the Department of Health's Chief Medical Officer.

Benzylpenicillin dose :

Adults and children >10years	1200mg
Children 1-9 years of age	600mg
Children under 1 year of age	300mg

IMPORTANT

A single injection may be life-saving and will not interfere with subsequent management.

IMMUNISATION UPDATE

• Pre-school acellular pertussis booster

It is planned that the routine immunisation programme is to be modified from January 2002 by the introduction of a pre-school booster vaccination against whooping cough (pertussis) as part of a combined diphtheria, tetanus, acellular pertussis (DTaP) vaccine.

The current immunisation programme against pertussis consists of a series of primary immunisation at 2, 3 and 4 months of age. Despite high vaccine uptake (about 95%), pertussis continues to be the cause of significant morbidity and mortality in children too young to be fully protected and there is evidence that these babies may be catching pertussis from older siblings or possibly parents. The Joint Committee on Vaccination and Immunisation (JCVI) has considered whether the introduction of a booster dose of pertussis vaccine would help reduce the levels of morbidity and mortality. Based on the mathematical modelling, the Public Health Laboratory Service has demonstrated that a booster will reduce illness in older age groups and reduce the transmission of pertussis to babies too young to be fully protected.

Acting on this evidence, the JCVI has therefore recommended that a booster dose of pertussis vaccine be introduced into the routine pre-school immunisation programme.

Further details about this programme will be sent to all primary care team members soon by the Scottish Executive with appropriate information leaflets for parents and support material for health professionals.

• Meningococcal vaccines

As you are aware, outbreaks of meningococcal infection due to a strain rarely seen in the UK – called W135 – occurred in association with the annual Moslem Hajj pilgrimage in Saudi Arabia in both 2000 and 2001. Neither the meningococcal group C conjugate vaccine (MenC) nor the meningococcal polysaccharide A&C vaccine protect against the W135 strain. It is therefore important that all pilgrims to Saudi Arabia receive the quadrivalent ACWY Vax which provides protection against W135 meningococcal disease as well as the A and C strains. Vaccine can be ordered from the manufacturers on 0808 100 9997. Proof of immunisation against meningococcal infection is a visa requirement for pilgrims entering Saudi Arabia. Some pilgrims may still have a valid certificate following a previous immunisation with A&C vaccine. If travelling on Hajj again, they still require the additional protection afforded by the quadrivalent vaccine.

The new MenC vaccine has drastically reduced the number of cases of meningococcal C meningitis and septicaemia throughout all vaccinated age groups. However, there is not yet a vaccine to protect against other strains such as meningococcal group B which is the main cause of meningococcal illness in the UK. As winter approaches, colleagues are reminded to remain alert to the possibility of meningococcal disease in patients of any age presenting with any of the signs or symptoms of meningitis or septicaemia.

Colleagues are again reminded that all new entrant full-time students to colleges and universities who have not received either the Men C (conjugate) or A&C (polysaccharide) vaccine should have a Men C vaccine as soon as possible. GPs are eligible to claim an item of service fee for this service.

• MMR Update

Colleagues in primary care should, by now, have received the MMR discussion pack produced by the Health Education Board for Scotland on behalf of the Scottish Executive. However, since the publication of the discussion pack, a report on the review that has been undertaken by the Irish Parliament's Joint Committee on Health and Children has been published. This review fully supports the use of MMR. Another study just published in Pediatrics has found no evidence for a new variant of Measles-Mumps-Rubella induced autism. It concludes, 'No evidence was found to support a distinct syndrome of MMR-induced autism or of "autistic enterocolitis". These results add to the recent accumulation of large-scale epidemiological studies that all failed to support an association between MMR and autism at population level. When combined, the current findings do not argue for changes in current immunisation programmes and recommendations'.¹

¹No Evidence for A New Variant of Measles-Mumps-Rubella-Induced Autism' (Fombonne E, Chakrabarti S); Pediatrics 2001; 108(4).
<http://www.pediatrics.org/cgi/content/full/108/4/e58>

ASPLENIC PATIENTS

Overwhelming postsplenectomy infection should be preventable if simple precautions are taken. Most instances of serious infection are due to encapsulated bacteria such as *Streptococcus pneumoniae*, *Haemophilus influenzae* type b, and *Neisseria meningitidis* (meningococcus). Pneumococcal infection is most common and carries a mortality of up to 60%.

The immunisation regime for asplenic patients is as follows:²

- Pneumococcal vaccine : - every 5-10 years
- *H influenzae* type b : - once-only vaccination
- Men C : - once-only vaccination
- Influenza : - every year

² Guidelines for the prevention and treatment of infection in patients with an absent or dysfunctional spleen BMJ 1996 ; 312: 430-4

OUTBREAK OF *E. COLI* O157 AT A CHRISTENING IN CAMBUSLANG

An outbreak of gastroenteritis caused by infection with *Escherichia coli* O157 occurred at a christening function in Cambuslang on 9th September 2001. 90 guests attended the event where a buffet was privately supplied. The first cases were notified to the PHPU on 21st September 2001.

The outbreak resulted in 1 probable and 6 definite cases although none was hospitalised. Two children were periodically reviewed as outpatients at Yorkhill hospital to monitor their renal function in view of their risk of developing the Haemolytic Uraemic Syndrome (HUS) - neither child developed this complication.

Despite intensive Environmental Health investigations of the food handlers and food outlets which supplied the buffet and analysis of questionnaire information from the cohort, no foodstuff or food outlet was found to be associated with the outbreak. However, the epidemiological evidence supported the hypothesis that the most likely cause of the outbreak was contaminated food served at, or saved from, the function.

This outbreak highlights :

- That GPs, being the first health personnel to come into contact with possible cases, are crucial in the early identification of outbreaks. GPs should have a high index of suspicion for any patient presenting with bloody diarrhoea. All such patients should be asked to submit faecal samples.
- The importance of meticulous food preparation, food storage, hand hygiene and appropriate disinfection procedures in reducing the risk of infection with not only *E. coli* O157 but all organisms responsible for food poisonings.

SUSPICIOUS MAIL PROTOCOL

The PHPU was recently involved in two separate incidents where mail-room workers were exposed to unknown substances contained within postal packages. In both cases the substances proved to be harmless. We should stress that intelligence sources indicate that the risk of bio-terrorist attacks in the U.K. is low.

The PHPU, Strathclyde Police and Glasgow City Council (including Scientific Services) have agreed and endorsed a short protocol governing the management of such incidents in the GGNHSB area.

In summary :-

- All suspect packages/suspicious substances should be reported to the **local police** in the first instance
- The police will assess the situation and, if concerned, will contact the Consultant in Public Health Medicine (CPHM), SCIEH and the Specialised Services.
- If exposure to a hazardous substance is suspected then steps will be taken by the agencies to control spread of contamination within the affected area and organise decontamination of those exposed.
- A further risk assessment will be conducted by the agencies and, if indicated, prophylactic antibiotics will be prescribed for those exposed.
- The police and Specialised Services will organise removal of the substance and complete the decontamination process.

More information regarding release of biological or chemical agents is available on PHLS website www.phls.co.uk

SIDEBAR ARTICLES

This sidebar article was created with a text box. You can use a sidebar article for any information you want to keep separate from other articles or information that highlights an article next to it. These could include a list of contributors, addresses or contact information, a smaller self-contained story, a preview of the next issue, or a calendar of schedule. The example below shows a Calendar of Events.

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Type a description of your event here.

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See Page 4 to learn how to edit or replace this picture.

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