

- MRSA in the community.
- UK Food Standards Agency Food Hygiene.
- Influenza vaccination campaign
- MMR update
- Yellow fever vaccine update

# GGNHSB PHPU NEWSLETTER

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

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## Guidelines for MRSA in the community setting

The Public Health Protection Unit has received many calls in relation to the above subject in recent years. These enquiries have originated from many sources including nursing homes, residential homes, schools, day centres, employers, general practitioners and the general public. Some have displayed profound misunderstandings on the significance and management of MRSA in a community setting.

Approximately a third of humans are colonised with antibiotic sensitive forms of *Staphylococcus aureus* (Methicillin Sensitive Staphylococcus Aureus : MSSA). These sensitive strains cause the same range of infections as MRSA. What makes MRSA different is its resistance to a variety of antibiotics.

The main concern about MRSA is its presence and epidemic potential in high dependency hospital settings (e.g. burns units, intensive care units, surgical units, transplantation units). Active surveillance, screening and decolonisation are required routinely in these settings. With active infection, treatment options are reduced, so more potent and expensive antibiotics may be required, which have a higher probability of adverse effects on an extremely debilitated and immune compromised population.

The routine use of antibacterials in a community setting is unnecessary. Attempts to permanently eradicate MRSA colonisation in nursing homes has been unsuccessful in the past and may in fact assist in the selection of resistant organisms. Screening with swabs is only indicated when there is a clinical reason for doing so, e.g. a wound that looks infected or is not healing properly.

MRSA colonisation is common in nursing homes. Recent research activity in a Glasgow nursing home recorded 33% of residents positive for MRSA colonisation (e.g. in healthy skin crevices, throat and nostrils), even though none had signs of active clinical infection due to this organism.

The mainstay of control in a community setting is increased hand washing activity and the use of gloves

and aprons when in direct contact with blood and body fluids including faeces (barrier nursing) with all residents. In addition, cleaning and disinfection should be followed as per agreed policy. This is the best way to disrupt transmission of MRSA in the community.

These simple infection control precautions will suffice in community settings, as colonised individuals are less debilitated than high dependency hospital patients. If there are any specific concerns regarding individual residents in nursing and residential homes, please contact our department and an individual risk assessment can be conducted. For Primary Care Trust business, the Prevention and Control of Infection Team should be contacted for similar assessment purposes.

The principal mode of spread in care establishments is on the hands of health/social care workers. MRSA should cause no health problems in these workers.

**There is no reason why MRSA colonised individuals cannot attend clinics or doctors surgeries. It may be prudent to arrange an appointment at the end of a list. Examination tables should be cleaned/disinfected as normal. There is no justification for impeding or isolating MRSA colonised people from everyday social events and activities, including access to friends and relations.**

Further information in relation to Infection Control practice for staff within the Primary Care Trust (GPs, practice nurses etc.) can be obtained by contacting : Prevention and Control Infection Team : 211 3568.

## Influenza vaccination campaign

The Scottish Executive Health Department has advised that orders for flu vaccine for at risk groups (all ages) and those above 65 should begin as soon as possible. Arrangements for supply are the same as last year.

The Joint Professional letter of 26 March 2001 requested that practices make lists or registers of such high- risk groups. Practices that have not prepared such registers should make arrangements to take work forward this year.

The target groups are the same as last year, however a key change is that the uptake target for next year is 70%. (Last years national uptake for over 65s was 64.9%)

# UK Food Standards Agency

## Food Hygiene Campaign

June 10-16 was National Food Safety Week and the UK Food Standards Agency took the opportunity to launch a multi-strand Food Hygiene Campaign. This is aimed at raising awareness of food hygiene issues among catering businesses and the public, to help reduce the number of food poisoning cases. It is estimated that there could be up to 400,000 cases of food poisoning every year in Scotland. The Agency's target is to bring down the number of cases in the UK by 20% by 2006. As the Greater Glasgow area is a densely populated urban area with many restaurants, take-aways and hotel banquets etc, there is a large potential for people becoming ill from either sub-optimal food hygiene practised at home in their kitchens, in the backyard barbecue, eating out or attending a function.

The FSA home page on the Hygiene Campaign ([www.food.gov.uk/hqcampaign](http://www.food.gov.uk/hqcampaign)) has links to a wide array of linked sites, of interest to both the public and professionals, that cover the following issues:

- **Keeping food safe** - How to ensure good hygiene in your kitchen to prevent food poisoning - a whole range of tips about preventing bugs from getting to your plate, and not just about cleaning. This is linked to sites about cooking, cross-contamination, handwashing, and storing food.
- **Summer eating** - Food safety tips when cooking for friends and family this summer and related sites on the barbecue TV advert, burgers and sausages, party food and 'beating the barbecue bugs'. The latter includes a article on the underlying scientific research on how to beat the bugs that cause food poisoning including *E. coli* O157, *campylobacter*, *salmonella*, *clostridia*, *listeria*; an eye-catching leaflet asking if you can tell which of two sausages in the photo is properly cooked; and related press release. The research shows that food poisoning doubles during summer months.
- **What to do** - Useful information about how to diagnose food poisoning, what to do if you have food poisoning and why it is important to report it to your doctor and your environmental health department.
- **Consumer research** - Interesting factual information on what surveys reveal about food poisoning in terms of rates of illness, where people believe they contracted food poisoning, what percentage of people reported their illness and to whom, *etc*.
- **A bug's life** - Fascinated by the science underlying all of this? Pretend you're a microbiologist and read this!
- **Eating out** - Helpful hints on what to look out for when choosing somewhere to eat or buy a takeaway.

**We would encourage everyone who has access to the internet to look up these attractive and interesting sites. Food poisoning is common and preventable.**

## MMR update

New research has been published in the Journal of Clinical Evidence, involving the most detailed and in-depth analysis of the worlds' scientific literature on MMR and single measles vaccine to date. The highest quality studies were selected and analysed according to explicit appraisal criteria. The study incorporated material from the World Health Organisation (WHO), US Centres for Communicable Disease Control (CDC), the UK Public Health Laboratory Service (PHLS) as well as other national and international policy documents. The principal authors of the study are Dr Anna Clark and Dr Vivek Muthu.

([www.clinicalevidence.org/](http://www.clinicalevidence.org/))

They found no evidence that either MMR or single measles vaccines are associated with autism or inflammatory bowel disease.

They criticised the 1998 study by Wakefield and colleagues which raised the question of a possible link between MMR and developmental disorder in 12 children with bowel symptoms. The study was retrospective (parents surveyed up to 8 years after vaccination), small, selective and lacked a control group.

The authors concluded that the study "does not establish MMR as a cause of inflammatory bowel disease, autism, or developmental regression, and that its hypothesis has been satisfactorily tested by scientifically reliable studies"

### MMR uptake quarterly figures in Greater Glasgow

Our latest uptake rate of MMR (Jan 2002 - Mar 2002) at 24 months is 85.5%. This is approx. 2% below the Scottish national average. We should all continue to make every effort to assure parents of the safety of the MMR vaccine.

## Yellow fever vaccine - update

In the April 2002 edition of the newsletter we gave information regarding the availability and supplies of the yellow fever vaccine. The updated situation for obtaining the vaccine is :

Both Evans Vaccines and Aventis Pasteur MSD have licensed **single dose vials in packs of 5 available at a cost of approx. £22.50 + vat per dose.**

MASTA also acts as a distributor for Aventis Pasteur MSD and may have unlicensed multidose vials available.

The contact numbers for the companies are :

Evans Vaccines : 08457 451500

Aventis Pasteur MSD : 0800 0855511

MASTA : 0113238 7500

This information can change and we would advise you to either contact the pharmaceutical companies direct, or log on to the [www.travax.scot.nhs.uk](http://www.travax.scot.nhs.uk)