

GGNHSB PHPU NEWSLETTER

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Crypto outbreak linked to pool

To date, the PHPU has received notification of 28 confirmed cases of cryptosporidiosis linked to the pools at Eastwood Leisure Centre. Of these, 23 cases have a direct link and 5 are thought to be secondary to the linked cases (person-to-person spread). Microbiological results are awaited on a further 23 people with diarrhoeal illness who are also linked to the pools.

It is thought that the pool system (1 large and 3 small pools) became contaminated with *Cryptosporidium* oocysts during the month of August and early September and that cysts were inadvertently swallowed by swimmers using the pools. High counts of oocysts were found in the backwash water of two of the three filters as well as in the water of one of the small pools. Examination of the filters revealed evidence of the use of an inappropriate sand medium and concerns were raised about the frequency of backwashing and inspection of the filters.

East Renfrewshire Council which operates the centre decided to close the pools on 9th September until a major overhaul of the filters had been carried out.

Symptoms of cryptosporidiosis usually develop between 1 and 12 days after ingestion of the parasite oocysts and may cause nausea, vomiting (especially in children), fever, stomach cramps and diarrhoea (watery and foul smelling); diarrhoea can be severe and prolonged. Management consists principally of fluid replacement and scrupulous hand hygiene to prevent secondary spread. There is no role for antibiotic therapy in the management of this infection.

Patients with diarrhoea should not return to work, nursery or school until 48 hours after diarrhoea has ceased. However, no exclusion is necessary for symptomless cases or contacts of cases. Please note that the Pool Water Treatment Advisory Group's (PWTAG) advice¹ is that people who have been suffering from a diarrhoeal illness should not use a public swimming pool for **at least 14 days** after their last diarrhoeal stool.

¹'Advice on *Cryptosporidium* updated', Feb 2001, PWTAG (www.pwtag.org - under 'Press Releases')

The Public Health Protection Unit would be obliged if practices would inform us of any patients suffering from cryptosporidiosis who may have visited this pool.

Funding for MMR case refused

The Legal Services Commission's (formerly the Legal Aid Board) decision to remove funding for the Measles, Mumps and Rubella (MMR) litigation was upheld by a Funding Review Committee at a hearing early this month.

The parents involved in this action believe the MMR vaccine has injured their children. However, there is no acceptance by worldwide medical authorities that MMR causes the symptoms seen in these children. The litigation therefore was thought very likely to fail. The Committee decided that it would not be correct to spend a further £10m of public money funding a trial that is very unlikely to succeed. £15m has already been invested by LSC in funding medical research in this case.

Antenatal HIV screening

Universal antenatal HIV screening began in the three Glasgow maternity hospitals on the 1st July 2003. Since that date, two previously undiagnosed positive cases have been identified. Both of these women are now receiving appropriate treatment and care and hopefully early intervention will prevent onward transmission of the virus to their babies.

The maternity units report that the HIV test seems to be acceptable to women in the antenatal setting and that the system is working well. Figures are not yet available, but the units report high levels of uptake. Monitoring will continue and the uptake rates will be reviewed on a regular basis.

Vaccine batch numbers

GP practices are advised to record vaccine batch numbers on childhood immunisation forms returned to the Child Health department.

Previously, the department sent incomplete immunisation forms back to practices but this was time consuming for all concerned. It now plans to send a monthly report showing the names of vaccinated children for whom no batch numbers have been recorded. Practices will be asked to complete the lists and return them to Child Health allowing immunisation records to be updated.

Pneumococcal vaccines

We have received several enquiries about the appropriate pneumococcal vaccine for certain individuals and groups. The vaccine used for those aged over 65 years, and those over 2 years of age in at-risk groups (see below), is the polysaccharide vaccine, Pneumovax II (Aventis Pasteur). A single dose on a one-off basis is required but people aged 10 years or over with a non-functioning spleen or nephrotic syndrome should be considered for re-vaccination every 5 years.

The polysaccharide conjugate vaccine, Prevenar (Wyeth), should always be used for children under 2 years of age in the at-risk groups as such young children are likely to have a poor response to Pneumovax II

Dose regime for Prevenar

Infant 2-6 months

3 doses a month apart and a booster dose in the second year of life.

Infant 7-11 months

2 doses a month apart and a booster dose in the second year of life.

Child 1-2 years

2 doses separated by an interval of 2 months.

Children who received Prevenar and are now over 2 years of age should receive Pneumovax II. This is because Pneumovax (23 valent) provides protection against other serotypes of *S. Pneumoniae* not covered by Prevenar (7 valent).

At-risk groups

Vaccination is recommended for all those aged two months and older with:

- homozygous sickle-cell disease
- asplenia or severe dysfunction of the spleen
- chronic renal disease or nephrotic syndrome
- coeliac syndrome
- immunodeficiency or immunosuppression due to disease (including HIV infection) or treatment
- chronic heart disease
- chronic lung disease
- chronic liver disease, including cirrhosis
- diabetes mellitus
- cochlear implant (or awaiting cochlear implant surgery)

Matey flu letter causes upset

A key element of this year's influenza and pneumococcal vaccination programme is a centrally-generated individualised letter sent to all those eligible on age grounds. This reflects the success of the approach last year (for flu). The text of the letter was set out in the SEHD letter CMO(2003)10 (www.show.scot.nhs.uk/-under 'Publications').

Towards the end of last week, the SEHD was advised that the letter was prompting a significant number of complaints because it begins "Dear [First name]". You may recall that last year the convention was "Dear [First name Surname]".

These letters were issued as a result of an error made by the company contracted by the Scottish Executive to print and distribute them. The letter should have had the same format as last year's.

Unfortunately, 45,000 letters had already been sent out in the Greater Glasgow area before the error was discovered. However, the production and distribution of the letter has now been halted and all remaining letters will be generated in the original (less informal) format.

Diphtheria vaccine shortage

Due to supply difficulties with the existing adsorbed diphtheria vaccine, and in line with other UK Health Departments, the Scottish Executive is recommending that the combined tetanus/low-dose diphtheria (Td) vaccine should now be used to protect adults and children aged ten years or over against diphtheria.

Td should be used for;

- primary immunisation of adults and adolescents aged ten years or over who are not immunised against diphtheria
- where reinforcing immunisation with diphtheria is indicated
- for the purposes of travel.

MMR II for women and HCWs

From October 2003, seronegative women of child-bearing age and health care workers (HCWs) who need to be protected against rubella, should be offered the MMR II vaccine.

The reason for this change is because ongoing supplies of the licensed single rubella vaccine cannot be secured. Details can be found in the SEHD letter CMO(2003)11 ([www.show.scot.nhs.uk/](http://www.show.scot.nhs.uk/-under 'Publications') - under 'Publications').

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