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# GGNHSB PHPU NEWSLETTER

www.show.scot.nhs.uk/ggnhsb/Depts/public\_health/phpu/pubs+reps (Tel 201 4917)

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## Clostridium infection in IDUs

Since 1<sup>st</sup> December 2003, there have been 5 cases of *Clostridium histolyticum* infections reported in injecting drug users (IDUs) in the GGNHSB area. To date, the total number of UK confirmed cases reported by the Anaerobic Reference Laboratory (Cardiff) is 12. Heroin was the principal drug used by those infected.

Clostridia species are commonly found in the soil, so contamination of drugs prepared and transported in unhygienic conditions is always a possibility. In addition, Clostridia have also been isolated from normal human colonic flora, skin and vagina.

Infection occurs when the organism is inoculated into the tissues with oxygen levels low enough for it to proliferate. Muscle popping is an especially hazardous activity in this respect. The organisms multiply in the tissues and produce a toxin which results in myonecrosis.

Infection by the severest disease-causing clostridia species is generally characterised by a low level of inflammation in response to the organism's toxins, but myonecrosis can be rapid, developing into systemic toxicity, overwhelming shock, renal failure and eventual death. Life-threatening illness, as seen in *Clostridium novyi* infections associated with the outbreak amongst IDUs in 2000, has not, so far, been a feature in these recent UK cases. However, serious illnesses among IDUs due to other clostridia species e.g., *Cl. tetani*, *Cl. botulinum* have been reported in the UK since the outbreak in 2000.

The clinical appearance in the recent Glasgow cases has been cellulitis or abscess at an injection site. Treatment consists of antibiotic therapy and, if required, excision and drainage of abscess.

Drug injectors with evidence of abscess formation, cellulitis or other suspicious signs/symptoms not responsive to treatment should be referred to a surgical unit for assessment. To minimise the risk of serious tissue infection, IDUs are advised:

- not to inject into muscle or under the skin
- to start again if they miss the vein
- to use as little citric acid as possible
- to smoke rather than inject heroin

## New cases of SARS in China

On the 30<sup>th</sup> April 2004, the Chinese authorities reported the sixth case of confirmed SARS since April 22<sup>nd</sup>.

This last confirmed case was a 53-year-old female doctor who died in Anhui province on 19<sup>th</sup> April. The woman was the mother of the first case, a 26-year-old postgraduate student who had been conducting research at the National Institute of Virology in Beijing. This researcher remains hospitalised in Anhui.

The table below summarises the three generations of confirmed cases to date.

Confirmed case	Sex/Age	Case-to-case link
<b>1<sup>st</sup> Generation (primary cases)</b>		
Case 1	F/26	Linked to cases 3 and 4
Case 2	M/31	No link to other cases so far
<b>2<sup>nd</sup> Generation (contact of 1<sup>o</sup> cases)</b>		
Case 3	F/53	Mother of case 1
Case 4	F/20	Nursed case 1 Related to cases 5 and 6
<b>3<sup>rd</sup> Generation (contact of contact of 1<sup>o</sup> cases)</b>		
Case 5	F/44	Mother of case 4
Case 6	F/36	Aunt of case 4

Case 2, a 31-year-old male researcher, worked at the same virology institute as case 1 and may have been exposed in the same laboratory.

Contact tracing has identified more than 470 contacts of the nurse and female laboratory worker and all have been placed under observation. A further 3 people linked to the nurse are suspected cases.

Investigation of the source of outbreak is focused on lapses in bio-safety procedures at the National Institute of Virology where research was being conducted using live SARS coronavirus.

The SCIEH & HPA websites covering this recent outbreak of SARS are regularly updated (<http://www.show.scot.nhs.uk/scieh/>) In the event of patients being investigated in the UK, regional laboratories should seek guidance from the National Reference Laboratory on an ad hoc basis in the meantime.

## Appointments for BCG clinics

Please note that **health visitors** must contact the PHPU to arrange BCG for 'at risk' babies and children. Staff should not be advising parents/carers to arrange appointments, as has recently been the case.

The number to ring for BCG appointments is **201 4518**.

## New GMS contract and fees

The PHPU has received a number of enquiries seeking clarification on whether GPs will still be eligible to claim a fee for non-routine vaccination recommended for public health reasons, i.e. during outbreaks/incidents, following the introduction of the new GMS (General Medical Services) contract in April. Further clarification from colleagues involved in the negotiation of the contract was sought and the advice received from the Scottish Executive is as follows:

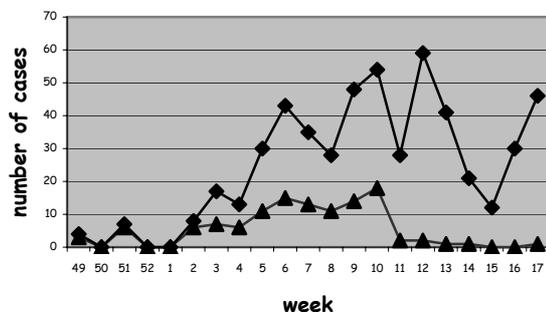
"The legislation underpinning the new contract was quite clear that all services and circumstances previously covered by the Statement of Fees and Allowances (SFA) would be available under the new contract. This included circumstances such as immunisation during an outbreak. The Scottish Executive further confirmed that no extra funding would be available in the circumstances of an outbreak and that funding was included in practices' global sums as had been agreed at UK negotiations."

From the above interpretation of the new GMS contract, it would appear that GPs **CANNOT** claim additional fees over and above their practice's global sums for immunisation during an outbreak/incident.

## Mumps - confirmed cases down

The number of confirmed cases of mumps in Glasgow has fallen significantly since week 10 (the week ending 05/03/04). The graph below indicates the number of suspected and confirmed cases of mumps notified to the PHPU during the period 01/12/03- 23/04/04 (wks.49-17)

▲ Positive Cases ◆ All Suspected Cases



Results of salivary tests are usually obtained within 2-6 weeks of samples being sent to the Colindale laboratory. Therefore, the PHPU would not expect all the results from salivary samples of suspected cases reported in week 12 to be recorded until week 18 or after.

## Scotland - smoke-free zone?

In February 2004, Stewart Maxwell MSP introduced a Member's Bill to regulate smoking where food is supplied or consumed. In the absence of UK legislation or an Executive bill with broader scope, this bill could make a measurable difference to health in Scotland.

Tobacco-use is the single most preventable cause of ill health and premature death in Scotland and a major cause of inequalities in health. In Scotland, 13,000 people die every year from tobacco-related diseases. Second Hand Smoke (SHS) at work increases the risk of coronary heart disease, lung cancer and stroke.

The evidence from countries with effective public places legislation is clear. Legislating for smoke-free public places would protect everyone from the health risks associated with passive smoking. Legislation in other countries has also reduced tobacco consumption and smoking rates.

SHS increases the risk of an acute coronary heart disease event by 25-35%, lung cancer by between 20-30%, and stroke by 82%. Those working on low incomes or in small businesses, in the hospitality industry, are at greatest risk. A US study showed hospitality workers had a 50% higher risk of lung cancer than the general population.

The international evidence also indicates that legislation on smoking in public places does not have a negative impact on business and closer to home, opinion polls consistently indicate strong support for such legislation. This reflects calls by all of the UK's medical Royal Colleges for public places to become smoke-free by law and the Chief Medical Officer's support for very serious consideration to be given to this.

Smoking Concerns, the specialist tobacco project of NHS Greater Glasgow, supports this bill and works to reduce the impact of tobacco within the Glasgow area. If you would like to register your support for this bill, or for smoke-free areas, contact them via [www.smokingconcerns.com](http://www.smokingconcerns.com).

View the Prohibition of Smoking in Regulated Areas (Scotland) Bill online at:

<http://www.scottish.parliament.uk/bills/pdfs/b20s2.pdf>

## Cryptosporidiosis - reminder

Please note that the cryptosporidiosis season started recently (4<sup>th</sup> week April/1<sup>st</sup> week May). In view of this, cryptosporidiosis should be considered in anyone presenting with watery, non-bloody diarrhoea, colic, nausea/vomiting and possibly fever (**NB** stool specimens should be requested from patients with these symptoms).

Clinicians responsible for patients with the conditions listed below are reminded of the PHPU's standing advice that such high-risk patients should boil water.

- HIV/AIDS
- Severe Combined Immune Deficiency (SCID)
- Specific T cell deficiencies e.g., CD40 ligand deficiency