

# NHSGG and CLYDE NEWSLETTER

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Public Health Protection Unit (PHPU) 0141 201 4917 [www.nhsgg.org.uk/phpu](http://www.nhsgg.org.uk/phpu)

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## Hepatitis C action plan

The Scottish Executive recently published phase one of the *Hepatitis C Action Plan for Scotland*, which covers the 2-year period from September 2006 to August 2008. The document has 6 sections - co-ordination, prevention, testing, treatment, care and support, education and training, and surveillance and monitoring - all of which identify a range of actions to be considered. . One of the main objectives of this first phase is to '...gather robust evidence to support a bid for further substantial new funding [from Scottish Executive] beyond 2008'.

NHS Greater Glasgow and Clyde (NHSGG&C) has a significant burden of Hepatitis C infection - just over 40% of the total number of diagnosed cases in Scotland. The Executive has provided additional funding to enable Boards to develop services according to local needs and this Board is currently working with a range of stakeholders to identify and prioritise local areas for development.

Primary prevention actions are being taken forward through a sub-group of the Bloodborne Virus Prevention group and include reviewing needle exchange provision across the health board area, exploring opportunities around the homeless population and assessing the information provided to those undertaking testing. For further information on this workstream, please contact Louise Carroll, BBV Research & Development Officer, [louise.carroll@ggc.scot.nhs.uk](mailto:louise.carroll@ggc.scot.nhs.uk).

The HCV Managed Care Network is focusing on actions relating to treatment, care and support. The MCN is mapping existing capacity in hospital treatment services to identify current pressures and areas for development. For more information on care and treatment services, please contact Justin Schofield, HCV MCN Manager, [justin.schofield@ggc.scot.nhs.uk](mailto:justin.schofield@ggc.scot.nhs.uk)

A copy of the action plan can be downloaded from the SHED website:  
<http://www.scotland.gov.uk/Publications/2006/09/15093626/0>

## Error in previous issue

In last month's newsletter, the article about flu-vaccine dose for children should have read, '... aged between 6 and 35 months' and not '..... between 16 and 35 months'.

## Hep B vaccine and workers

GPs are reminded that where hepatitis B vaccine is required for occupational reasons, it is the employer's responsibility to arrange this by either contracting with a local health provider or an occupational health service. GPs are not required under the current GMS contract to vaccinate occupational groups nor can they charge a patient for administration of this vaccine. However, those in the other 'at risk' groups i.e. IDU, babies born to infected mothers etc. are entitled to get it from their GPs.

## New nurse consultant (NCIC)

The PHPU is pleased to welcome Sandra McNamee to the team. Sandra took up the new post of Nurse Consultant in Infection Control on the 15<sup>th</sup> November and is based in the PHPU at Dalian House (201 4931).

The role of the Nurse Consultant Infection Control (NCIC) is to assist the Infection Control Manager in discharging his responsibilities to the NHS Board. Other roles of the NCIC are to:

- provide professional leadership to all the infection control nurses (ICNs) in Glasgow and Clyde
- support the NHSGG & C infection control committee in achieving its objectives
- liaise closely with and provide support, as appropriate, to infection control teams
- take a strategic view of infection control across Glasgow and Clyde in order to further improve and promote best practices
- take the lead on reviewing and updating policies in the NHSGG&C Prevention and Control of Infection manual
- facilitate and promote an infection control learning culture throughout the NHSGG and Clyde and develop self-directed learning programmes on policies contained in the Prevention and Control of Infection manual

## Hib/MenC - asplenic

Please note that the Hib/MenC regime for children (over 1 year of age) and adults who are asplenic is two doses two months apart.

## Maintaining vaccine cold-chain

The refrigerated storage requirement has increased significantly with the addition of the new vaccines this autumn. Practice staff are advised to refer to the updated chapter (3) in Immunisation against Infectious Diseases (Green Book), *Storage, distribution and disposal of vaccines*, and implement any necessary procedural changes.

Vaccines must be properly stored to maximise efficacy and minimise waste. Please note that any breach of the storage guidelines may invalidate the product-licence of a vaccine.

Best practice to maintain the cold chain within surgeries and clinics includes: -

- using pharmaceutical refrigerators in preference to domestic models to avoid fluctuations temperature
- using an internal thermometer (continuously) which can record current temperature as well as the minimum and maximum temperatures - a digital thermometer with probe is recommended
- recording 3 temperatures (current, max., and min.) twice daily, with times of reading, and resetting the indices on each occasion
- investigating fluctuations in temperature (e.g. door opened due to delivery etc.)
- maintaining all records for audit purposes
- reporting variations in temperature to the supplying pharmacy (childhood vaccine problems to local NHS holding centre<sup>1</sup>, others to community pharmacists)
- quarantining stocks, where storage guidelines have been breached, in an alternative refrigerator until advised otherwise
- ensuring that alternative refrigeration facilities are in place in the event of breakdown, defrosting etc.
- using validated portable containers for vaccine transportation
- regularly auditing cold chain management of vaccines

A laminated poster, *Guidelines for Storage and Handling of Vaccines*, was issued to all GP practices for display on clinic refrigerator doors. Further information and copies are available from [margaret.johnston2@nhs.net](mailto:margaret.johnston2@nhs.net)

The vaccine holding centres<sup>1</sup> will provide details of approved refrigerators and respective NHS prices and offer assistance to ensure compliance with guidelines on behalf of NHS G&C. They will also arrange convenient times for audit of storage procedures in the near future.

<sup>1</sup> Leverndale hospital pharmacy 0141 211 6675  
Royal Alexandria hospital pharmacy 0141 314 6146  
Vale of Leven hospital pharmacy 01389 754121  
Inverclyde Royal hospital pharmacy 01475 504620

## Vaccine batch-number record

It is important that the correct vaccine batch-number is recorded in the patient record. Manufacturers present their product with the batch number printed on the **outer** package of vaccines as the one to be recorded. This printed number incorporates details of all the components of the final product reconstituted and ready for use.

There is no standard format for batch numbering and different manufacturers use different systems.

However, the **outer package** batch-number is the one that refers to the "pairing" of individual components (e.g., diluent and freeze-dried powdered vaccine).

For example: -

**Menjugate**, manufactured by Chiron, is presented in 'kit' form. Each of the kit components, a vial of vaccine and a syringe, has a separate batch number. Although the final product is administered from the syringe, the batch number of the prepared vaccine is the number on the **outer packaging** and not the number on the syringe.

Staff encountering any difficulties when recording vaccine should contact the Pharmacy at Leverndale (211 6675) for advice.

## Hajj pilgrimage

People planning to go on pilgrimage to the Hajj (29<sup>th</sup> Dec 06 - 3<sup>rd</sup> Jan 07) may require the following vaccinations:

### Men ACW135Y

This vaccine is required if there is no history of previous Men ACWY vaccination or where the last dose was more than 3 years previously. It should be given no later than 10 days prior to departure

### Polio

If more than 10 years since last booster

### Diphtheria

If more than 10 years since last booster

### Tetanus

If more than 10 years since last booster

### Typhoid

Recommended

### Hep A

Recommended

### Hep B

Risk assessment required - risk during head shaving may be eliminated by pilgrim using disposable razors

### Influenza

Ministry of Health in Saudi Arabia recommends all pilgrims be immunized against flu

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 201 4933 or at [marie.laurie@gghb.scot.nhs.uk](mailto:marie.laurie@gghb.scot.nhs.uk)