Measles outbreaks and MMR vaccine uptake

The UK is in the middle of a measles outbreak. Over the summer holidays, it has become apparent that a substantial increase in measles cases has been seen in England, and the Health Protection Agency has urged parents to get their children vaccinated with MMR before their return to school.

The presence of a significant measles outbreak in South Yorkshire has once again highlighted the need for emphasising the protective importance of MMR vaccine. All those affected are children between 3 months and 12 years who have not had MMR vaccine. Letters have been sent to all GPs in that area, and parents have been urged to ensure that their children receive MMR vaccination.

Measles is a infectious disease of childhood. This means that about 95% of people need to be immunised to be certain of preventing outbreaks. Cases are infectious 3-4 days before and for up to 4 days after the appearance of rash. It is spread by droplets or by direct contact with nasal or throat secretions from an infectious person, and less commonly by freshly soiled articles containing infectious secretions. The incubation period averages 10 days with a range of 7-18 days.

Measles is an unpleasant illness, usually manifested with days of high fever, sore streaming eyes and a hacking cough. Measles is also associated with high rates of hospitalisation and major complications in some children, including pneumonia, ear infections, croup, encephalitis and in some cases death. Last year in North Western England, a 13-year-old boy died of measles infection. Scotland has had 5 confirmed cases of measles so far this year.

The current measles outbreak is probably as a direct result of low MMR uptake rate following the controversies generated by a study published in 1997 by Dr Andrew Wakefield et al linking the MMR vaccine with bowel disease and autism. It is important to point out any parents who still have concerns about the MMR vaccine that Dr Wakefield’s initial theory linking MMR vaccine with autism has not been supported by any other reputable studies.

The objective of the immunisation programme is to provide 2 doses of MMR vaccine at appropriate intervals for all eligible persons. The second dose is necessary because 10% of recipients have an inadequate response to the first dose. MMR can be given irrespective of a history of measles, mumps or rubella infection or vaccination. Colleagues in Primary care should encourage parents of unimmunised children to get MMR as soon as possible.

Immunisation E-learning

To meet the training needs following the changes in 2006 to the national immunisation schedule and help staff to address parental concerns more effectively, NHS Greater Glasgow and Clyde is encouraging all health professionals who are involved in immunisation in any context, whether administering or advising, to use a new educational resource in immunisation. This includes practice nurses, health visitors, school nurses, community nurses, specialist nurses such as TB nurses, paediatric and A&E nurses, GPs, paediatricians, pharmacists and occupational health professionals.

‘Promoting Effective Immunisation Practice’ is a self-directed e-learning training package for all healthcare workers who have a remit for immunisation. The programme has been developed as a result of collaboration between Health Protection Scotland (HPS) and NHS Education for Scotland (NES) and was launched in September 2006. The programme is delivered in 12 units which enable healthcare workers to competently, and effectively promote and administer vaccinations. It covers topics such as national immunisation policy and schedules, the immune system and how vaccines work, legal aspects of vaccination and current issues and controversies regarding immunisation.

More information can be found at: www.immunisation-elearning.nhs.uk

If you would like to register to do the course, email Dr Gillian Penrice, consultant in public health medicine, PHPU, NHS Greater Glasgow and Clyde gillian.penrice@ggc.scot.nhs.uk. Please include your job title, place of work, CHCP and a password of your choice (at least 6 letters).
New Guidance on the Management of Occupational and Non-occupational exposure to Blood Borne Viruses

Including needlestick injuries and sexual exposures

This guideline has been developed by a multi-disciplinary group chaired by Dr Gill Hawkins, Specialist Registrar in Public Health, NHSGGC, and will be launched on 1 October 2007. It replaces existing guidance for the management of needlestick and similar injuries issued by former NHS Greater Glasgow and NHS Argyll and Clyde. Therefore all previous versions should be destroyed as soon as the new guidance is received.

The principal aims of the new guideline are:

- to update and combine existing guidance into one single document
- to add guidance for the management of sexual exposures to blood borne viruses, including the use of post-exposure prophylaxis for HIV following sexual exposure
- the guideline and accompanying posters will be sent out to all sites within NHSGGC and can also be accessed via the website: www.nhsqqc.org/phpu
- the updated guideline includes common scenarios, frequently asked questions, and a source patient assessment tool to be used following needlestick or similar injuries.

Training on the new guidance will commence in October at various venues within NHSGGC, the dates for which will be finalised shortly and will be included in next month’s newsletter.

Key staff to be trained will be those in each locality identified with responsibility for assessing the incidents. General awareness training sessions on the new guidance will also be available.

Hib Catch-up Programme and Suspension of Preschool Booster (PSB) for Oct 07

The above catch up is due to commence on 5th November 2007. Children who are due to get their PSB in October will be included in this catch-up programme. Therefore to prevent these children being re-scheduled for an additional appointment for Hib/MenC vaccines, it has been decided by the NHSGGC Immunisation Liaison Group to postpone calling these children until after 5th November and therefore avoiding the need for an additional injection and appointment. Any query regarding this should be addressed to Mrs. Julie Mullin, Deputy Screening Manager at tel: 211 0664.

Decontamination in Primary Care

Background

The Glennie Group reviewed Sterile Services provisions across NHS Scotland; HDL2005 (1) identified the need for NHS Boards to undertake an assessment of decontamination policies, procedures and practices within Primary Care. The PCAT audit tool was developed by Health Protection Scotland, which assessed the practices against the current guidance on local decontamination procedures. Audits were carried out within NHS Greater Glasgow & Clyde on both Directly Managed Units and Independent Contractors.

Progress

All audits have been completed in Clyde area and all will be completed in Glasgow by the end September.

A Project Manager, Frank Goldie, has been appointed to take forward the actions to ensure compliance with the Glennie review by end Dec 2009.

Way forward

An implementation group has been set up and is chaired by Alex McIntyre, Director of Facilities for Glasgow & Clyde who has the lead for decontamination. Representation from CH(C)Ps is provided by Karen Murray, Director for East Dunbartonshire CHP.

Working groups will deliver on

- Reporting the findings of the audits to each CH(C)P. This will be in summary format and may take a little time to sort out due to difficulties extracting information from the database.
- Policies and procedures to be implemented throughout Glasgow and Clyde.
- Standards will be agreed for each location.
- Service options for decontamination and will include
  - Podiatry
  - Optometry
  - Community Dental
  - General Dental practitioners
  - GPs
- Determine solutions for each CH(C)P which may include a mix of
  - Single use instruments
  - Central decontamination
  - Local decontamination units

Frank Goldie, has been appointed for Primary Care and can be contacted on 0141 232 2821 or at frankgoldie@nhs.net

Julie Reilly has been appointed Project Manager for Oral Health Directorate and can be contacted on 0141 232 6325 or at Julie.Reilly@ggc.scot.nhs.uk

If you would like to comment on any aspect of this newsletter then please contact Dr Marie Laurie on 201 4933 or by e-mail marie.laurie@ggc.scot.nhs.uk