**Immunisation Scotland website**

There is a new website resource to help patients and interested members of the public access information about immunisations, and have questions answered.

From Thursday 1 April 2010, Scotland will have a new national website all about immunisations:  
www.immunisationscotland.org.uk

**Immunisation Scotland** is a ‘one-stop-shop’ site providing, in one place, information about all the current immunisation programmes in Scotland, the vaccines available and the diseases they protect against.

This new resource complements the existing range of printed information materials of leaflets, booklets and posters available on each of the immunisations. As all the information is in one place, this comprehensive site provides information on immunisations for babies, infants, children, teenagers, adults and those in at risk groups.

The site has been developed by NHS Health Scotland for NHS Scotland and the Scottish Government. The provision of its content has been overseen by NHS Health Scotland in consultation with Health Protection Scotland, the Health Protection Team at the Scottish Government and colleagues working across NHS Scotland.

Visitors to the site will be able to learn more about vaccines, when these are offered, and the diseases they protect against. The site includes updated information about MMR. In addition, it carries an interactive chart for parents and carers of babies and infants so that they understand when each immunisation is due under the Routine Childhood Immunisation Programme.

**Polio in Tajikistan**

Poliovirus type 1 has been detected in diagnostic samples from cases of Acute Flaccid Paralysis (AFP) in Tajikistan. This represents the first importation of poliovirus in the WHO European Region since it was certified polio-free in 2002. As of 21 April 2010, 120 cases of acute flaccid paralysis had been reported from Tajikistan. The vast majority of the cases are children < five years of age. There have been 10 deaths.

There are likely very small numbers of Tajik nationals in UK, thus the risk of spread is very limited but cannot be excluded. It is important that travellers to and from polio affected areas are adequately immunized against polio.

Please refer to www.travax.nhs.uk for travel recommendations

**ACW135Y meningococcal vaccines**

There are two licensed quadrivalent meningococcal vaccines available in the UK. A conjugate vaccine (Menveo® - Novartis) which was launched in the UK on 31/03/10, and is licensed for use in those aged 11 years and upwards; and an un-conjugated polysaccharide vaccine (ACWY Vax® - GSK) licensed for use in those aged 2 years and older. Recommendations on when each should be used have just been issued, in accordance with UK Joint Committee on Vaccination and Immunisation (JCVI) recommendations. The Green Book will be updated accordingly. The recommendation is that Menveo® be used off-label in preference to ACWY Vax® in children aged 1-5 years because of the better immune response and to reduce the risk of hypo-responsiveness. Full recommendations can be found on the “Meningococcal Meningitis” page on www.travax.nhs.uk

**World Cup - measles in S.Africa**

In June 2010, the FIFA World Cup will start in South Africa and be hosted in eight of the nine provinces of the country. Mass gathering events of this scale are significant as the opportunity for disease spread and infection is heightened as people travel from all parts of the globe. There is an ongoing measles outbreak that has been affecting nine provinces since January 2009. As of 6th April, there are more than 10,500 laboratory-confirmed cases, half of which have been reported in the highly urbanized province of Gauteng (Johannesburg and Pretoria). A national mass immunisation campaign against measles was due to start in South Africa in April 2010.

The importance of pre-travel health advice in case of mass gathering events is well-known. Travellers should be encouraged to attend for this advice 6-8 weeks in advance. In particular consider vaccination against measles if they have neither been vaccinated nor previously had measles. Use of pandemic flu vaccine is also recommended. Advice is available at www.travax.nhs.uk and www.fitfortravel.nhs.uk

**Lyme disease and ticks**

Late spring, early summer and autumn are peak times for tick bites and transmission of Lyme disease. The majority of UK reports are acquired here rather than overseas, often through recreational activities including walking, trekking and mountain-biking. Ticks are very small (about the size of a poppy seed), and can easily be overlooked, so it is important to check regularly. Most ticks do not carry the infection. If one is found it should be removed promptly, as infected ticks are unlikely to transmit the organism if they are removed in the early stages of attachment. Ticks can be removed with tweezers or special tick hooks, pulling gently upwards away from the skin. An information leaflet for the public is available at www.hpa.org.uk
Pregnant women and H1N1

The vaccination campaign against Influenza A (HINI) otherwise known as "swine flu", was launched by the Scottish Government in October 2009, and targeted those with a higher risk of complication from HINI. The programme ran throughout the winter months and included pregnant women due to UK and international observation that 7–10% of all hospitalised patients were pregnant. Furthermore, they are also ten times more likely to need care in an intensive care unit when compared to the general population. A recent study published in the British Medical Journal showed that in Australia and New Zealand 11% of mothers and 12% of babies being admitted to intensive care with "swine flu", died as a result.

The number of confirmed cases of HINI infection has decreased dramatically in NHSGGC and elsewhere in the UK since its peak during the winter months in 2009. However, based on previous experience and current knowledge, it is thought that HINI infection could reappear as the dominant flu strain during the next flu season. The Joint Committee on Vaccination and Immunisation (JCVI), the independent scientific vaccine advisory committee, has therefore advised that vaccination of pregnant women should continue during the spring and summer months targeting all currently pregnant women who have not yet received vaccination, and all newly pregnant women. Vaccination will protect women and their newborn babies against the continuing low level of virus circulating over the summer months and also provide early protection should the virus re-emerge after the summer.

All GPs should have received a CMO letter dated 19th February 2010 describing the details of this ongoing immunisation programme for pregnant women. In that letter the CMO acknowledged that although the HINI vaccine during the summer months for pregnant women should be available from their own GPs, most GPs will, however, not be running mass flu vaccination clinics for their at-risk patients and they will probably have no more than a few pregnant women at any time. Therefore the CMO advised that during the summer months, HINI vaccine should form part of the routine antenatal care for pregnant women at the booking, or follow-up, antenatal clinic.

The NHSGGC Board had been considering how best to offer HINI vaccine to pregnant women during the summer months and, following discussion with midwifery services, it was agreed that pregnant women would be invited to special clinics at the 5 main maternity hubs in NHSGGC. The details of these clinics and the centralised number for appointments are contained within a new NHSGGC flyer. Women attending for antenatal care will be given the flyer to ensure that they are aware of the vaccination clinics and the phone number. Some women may prefer to attend their own GP which they can do as long as the practice is running a swine flu vaccination clinic to maximise the number of doses used from the 10-dose vials.

Pregnant women who contact GP practices should be advised to call the centralised number - 0141 211 5360 - between 9am-5pm, Monday to Friday, to make an appointment unless they wish to attend the Practice. If vaccinated at the surgery, the information will automatically be collected from the GP system and, similarly, any vaccination done at the special midwife-led clinic will be notified to the patient’s own GP for their records.

Hepatitis C - local developments

World Hepatitis C Week takes place from Monday May 17th until Friday 21st May.

The spread of Hepatitis C is a growing public health concern across Scotland. It is estimated that there are around 16,500 HCV antibody-positive people in NHSGGC who have never been diagnosed. In order to reduce the level of undiagnosed infection, NHSGGC has been working with partners in health and social care services to increase opportunities for testing in the community and to complement testing carried out in Primary Care.

In addition to GPs, the following agencies now offer diagnostic testing, pre and post-test discussion, and support:-

Counselling & Support Team, Brownlee Centre, Gartnavel 0141 211 1089

The Sandyford Initiative (and Sandyford Hubs across NHSGGC area) 0141 211 8130 www.sandyford.org

Harm Reduction Nurses Greenock 01475 502386 Paisley 0141 889 1223 Dumbarton 01389 812018

Glasgow Addiction Services (local CAT team) For details on local CAT teams contact 0141 276 6600.

In NHSGGC significant service developments have been made in treatment provision. Hepatitis C treatment is offered across NHSGGC with outreach treatment taking place in HMP Barlinnie and in the Dumbarton area via Leven Addiction Services. Additionally, the new Gartnavel Hepatitis Centre (a joint venture between gastroenterology and infectious diseases) is now operational and offers comprehensive treatment, care and support.

Treatment locations are aligned to CH(C)P areas as follows but a patient can be referred to any of the centres regardless of their home address.

<table>
<thead>
<tr>
<th>CH(C)P</th>
<th>Treatment location</th>
<th>Dept/Contact no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow East E Dunbartonshire</td>
<td>GRI</td>
<td>Gastroenterology 0141 211 4911</td>
</tr>
<tr>
<td>Glasgow North</td>
<td>Gartnavel Hep Centre</td>
<td>Gastro/Inf Disease 0141 211 3286/301 7570</td>
</tr>
<tr>
<td>Glasgow West</td>
<td>Victoria Infirmary</td>
<td>Gastroenterology 0141 210 5819/5912</td>
</tr>
<tr>
<td>Glasgow S East</td>
<td></td>
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</tr>
<tr>
<td>Glasgow S West</td>
<td>Victoria Infirmary or SGH</td>
<td>Gastroenterology 0141 232 4028</td>
</tr>
<tr>
<td>W Dunbartonshire</td>
<td>Gartnavel Hep Centre</td>
<td>See above</td>
</tr>
<tr>
<td>E Renfrewshire</td>
<td>Victoria Infirmary</td>
<td>Gastroenterology 0141 210 5819/5912</td>
</tr>
<tr>
<td>Renfrewshire</td>
<td>Royal Alexandra</td>
<td>Gastroenterology 0141 314 6850</td>
</tr>
<tr>
<td>Inverclyde</td>
<td>Inverclyde Royal</td>
<td>Gastroenterology 01475 633777</td>
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For more info call Justin Schofield, Hep C Programme Manager 0141 201 4712 or go to www.hepcnet.scot.nhs.uk

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 201 4933 or at marie.laurie@ggc.scot.nhs.uk