Flu vaccination of schoolchildren and children ‘at risk’

Flu vaccination of children in the school setting
A pilot programme was undertaken in 104 primary schools across NHSGGC between 1st October and 19th November and involved more than 18,000 schoolchildren. Children received either a single dose of Fluenz® or IM vaccine if Fluenz® was unsuitable. Any ‘at risk’ children who required a second dose of vaccine were referred to their GP.

Flu vaccination of children in the primary care setting
Most GPs have ordered sufficient Fluenz® to undertake immunisation of healthy 2- and 3-year-olds as part of the phased implementation of the extended seasonal flu programme. Any GPs still planning to immunise these children are reminded that most of the vaccines previously distributed expired in mid December and other supplies expire at end of January 2014. There will be no further Fluenz® available and therefore any remaining in-date vaccine should be used as soon as possible. If practices have ordered excess vaccine consideration could be given to using these vaccines for ‘at risk’ children aged 4-17 years to avoid waste. Any additional orders for 2- and 3-year-olds should be requested from the PDC as soon as possible.

Please note expired Fluenz® vaccine should not be returned to the local pharmacy but should be clearly marked ‘for disposal’ with the name of the practice and practice number, and uplift arranged with the PDC. Please inform PDC that uplift is required either by telephone (0141 347 8974) or fax (0141 445 1513). If a practice has no vaccines to be uplifted, staff should email Edward.McArdle@ggc.scot.nhs.uk stating ‘zero expired Fluenz® to be returned’

Rotavirus
Primary Care staff should note that the rotavirus chapter of the Green Book has been updated. The changes clarify wording around age cut offs, contraindications and recommendations for vaccination of hospitalised infants.
Please note there is no requirement for a 1-month gap between Rotavirus and BCG.

Zostavax® update
The shingles immunisation programme is progressing well with almost all GP practices having immunised around half of their eligible patients. Further supplies of Zostavax® are expected at the beginning of December if ordering more supplies. Practices are, however, reminded that this is an expensive vaccine in limited supply and will be allocated according to availability of vaccine. So far, there have been only a few incidents, however, even this small number has a significant impact due to the cost of the vaccine. Practices are encouraged to avoid over-ordering, and to order the minimum required and ensure good deputising arrangements are in place over the festive period to avoid cold chain incidents.

NHS Education Scotland and Health Protection Scotland have recently published an updated Shingles Vaccine FAQs for healthcare professionals in Scotland.

Typhoid vaccine supplies
GP staff trying to locate Typhoid vaccine should explore the usual routes of supply via community pharmacies. Sanofi is limiting supplies to 5 vaccines per pharmacy and as there is only one allocation per pharmacy, staff may have to phone around. The alternative is oral vaccine but this is not the preferred vaccine due to efficacy and is contraindicated in those aged under 6 years; pregnant women; and immunocompromised patients.

The PDC has a very small supply and will retain this for patients where live vaccine is contraindicated. The Brownlee will probably have enough to last until beginning February.

Men C booster
As individual protection in young children wanes with time, the introduction of a booster dose for adolescents will provide longer-term protection and maintain herd immunity to help protect infants and younger children. For further details about change to immunisation schedule visit http://www.sehd.scot.nhs.uk/cmo/CMO(2013)06.pdf

The adolescent booster dose of Meningitis C will be given to S3 pupils along with the TD/IPV teenage booster vaccine in schools during January & February 2014. The changes will make the overall Men C conjugate immunisation programme more effective and offer greater protection by extending the routine protection to adolescents and young adults.
Cold chain during holiday period

During the holiday period staff arrangements may result in changes to normal responsibilities. In addition, practices may be particularly busy organizing the newly introduced Fluenz® and Zostavax® campaigns. Although the number of incidents has remained similar to previous years, the contribution of preventable causes has significantly increased. One way of minimising incidents is to encourage as many staff as possible within the practice to undertake a brief (20 minutes) e learning module about the cold chain. Participants are positive about the value of this resource, more than 600 individuals have successfully completed the programme with around 50 accessing the course each month.

Figure 1: Number of individuals completing the e learning module since launch

To access the course visit NHS Learn Pro UK, register and click on More Learning and the module is listed under Pharmacy tab.

Carbon Monoxide poisoning – reminder from CMO

Following the recent Carbon Monoxide week in Scotland, the CMO has written to all Boards emphasising the need for clinicians to be alert to the symptoms of carbon monoxide poisoning. Carbon monoxide poisoning may, in the early stages, mimic a mild flu-like illness or food poisoning. Between 2009 and 2011 there were 122 patients treated in hospital in Scotland, however, this does not include those seen and discharged from A&E and primary care.

The CMO letter with appended information resources is available on this link

Salmonella Mikawasima outbreak in Scotland

There have been 28 cases of S Mikawasima reported in Scotland since 1st November. This would indicate that the outbreak is now over. This compares with 42 cases in England and Wales and an increase in cases in October and November in Denmark (same strain circulating as in Scotland /NE), France, Germany and Sweden. The European Centre for Prevention and Control of Disease is doing a rapid risk assessment as there have been increases in reports of Mikawasima from 13 member states. Salmonella Mikawasima is a rare serotype in Europe and the recent increase in more than one EU/EEA Member State suggests a common source.

No obvious food source has, as yet, been identified. However, an additional and more focused questionnaire is being developed that will also include seasonal questions such as contact with pumpkins, contact with garden/migrating birds.

Flu Vaccine - allergy chart

Please click on the link below to see the full Flu vaccine allergy chart for this season (13/14)
Flu vaccine allergy chart

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 0141 201 4933 or at marie.laurie@ggc.scot.nhs.uk