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GGNHSB PUBLIC HEALTH PROTECTION UNIT

The Public Health Protection Unit (formerly CD&EH) is part of the Department of Public Health at Greater Glasgow NHS Board and is responsible for providing public health protection services to a population of 904,000. As such, its Consultants in Public Health Medicine act as designated medical officers to the 6 local authorities covered by GGHB. The unit is responsible for communicable disease surveillance and control, investigation and control of outbreaks and incidents affecting environmental health, infectious disease public health policy formulation and area-wide infection control. The latter is organised via an area-wide Area Control of Infection Committee and liaison with Trust-based Control of Infection Committees to ensure evidence-based policies are implemented uniformly throughout Greater Glasgow.

Other responsibilities include emergency planning, extra-contractual funding for out-of-area treatments including neuro-rehabilitation for people with brain injury, medical priority for housing and concessionary travel applications.

Specific practical examples of its responsibilities include:

- Identifying, investigating and controlling outbreaks of infection. Recent examples include the epidemic of necrotising fasciitis in injecting drug users (IDU) that affected 60 and killed 23 people and the waterborne outbreak of cryptosporidiosis that affected 90 and killed 1 person.
- Conduct contact-tracing and arrange chemoprophylaxis and vaccination if appropriate, of high-risk contacts of cases of invasive meningococcal disease. Conduct contact-tracing and counselling in relation to hepatitis B and C.
- Excluding children or adults in high-risk groups from institutional care or work settings because of infection including gastro-intestinal (e.g. typhoid fever), respiratory (open pulmonary tuberculosis).
- Assessing the risk of ill-health associated with living near landfill sites, contaminated land, incinerators, *etc.* and making relevant recommendations to the various agencies in the private and public sector.
- Implementing Section 47 of the National Assistance Act 1948 and the 1951 Extension to move a person to a place of safety if they are in grave danger as a result of age, disease or disability and are not receiving adequate care and attention.

- Developing contingency plans on a multi-agency basis within Strathclyde, including the blue light services, to ensure that GGHB can respond effectively to major incidents and other public health emergencies.
- Taking a lead role in the formulation of strategic plans on communicable disease and co-ordinating their implementation. Recent strategic documents include hepatitis C strategy and chlamydia guidelines.
- Promoting appropriate immunisation against preventable infections in children and adults by providing expert advice to NHS and non-NHS colleagues, co-ordinating the introduction of new vaccination programmes and contributing to training and education on immunisation.

'FLU CAMPAIGN 2001

Dr Jim McMenamin in PHPU is the GGHB Flu Co-ordinator for this season. The National Publicity Campaign will launch late September and vaccine should be offered to the following groups:

- People of **all** ages with ;
 - chronic respiratory disease (including asthma)** - e.g. COPD, chronic bronchitis and emphysema, bronchiectasis, CF, interstitial lung fibrosis, pneumoconiosis, asthma requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbation requiring hospital admission
 - chronic heart disease** - e.g. chronic ischaemic heart disease, congenital heart disease, hypertensive heart disease (requiring regular medication and follow-up but excluding uncomplicated controlled hypertension) and chronic heart failure
 - chronic renal disease** - e.g. nephrotic syndrome, chronic renal failure, renal transplantation
 - diabetes mellitus** - requiring insulin or oral hypoglycaemics
 - immunosuppression** - due to disease or treatment including systemic steroids equivalent to 20mg prednisolone daily for more than 2 weeks
- All aged 65 years and over (65% target; remuneration on a sliding scale)
- Those living in long-stay residential and nursing homes or other long-stay facilities.

All GGHB Trust staff and social/nursing-home care staff in direct patient/client contact are encouraged to receive **free** 'flu vaccination. Each trust will place promotional posters and leaflets later this month. The Trusts' occupational health service will administer the staff vaccination programme.

HEPATITIS B INFECTION IN DRUG INJECTORS IN NORTH GLASGOW

Hepatitis B is a blood-borne viral infection. Acute illness occurs in about one third of infections with symptoms including abdominal discomfort, nausea, vomiting, arthralgia and rash which often progresses to jaundice. About two thirds of infections are asymptomatic and, therefore, may go undiagnosed.

Drug injectors who share needles or other paraphernalia are at high risk of acquiring the hepatitis B virus as well as other blood-borne viruses. Hepatitis B can also be transmitted by sexual intercourse and vertically from infected mother to baby.

The Department of Public Health at Greater Glasgow Health Board has recently become aware of 7 cases of acute hepatitis B infection in the NE of the city allied to substantial evidence of needle-sharing behaviour. The incubation period of hepatitis B ranges between 40 and 160 days.

Our department has written to all General Practitioners in Glasgow advising that vaccination of all known drug addicts with hepatitis B vaccine should be instituted *as soon as possible*. The Department of Health also advises that household contacts and sexual partners of known cases should also be vaccinated where possible.

We suggest an accelerated programme of three injections over a two-month period (0, 1 and 2 months).

Points to note:

- Where there is a full immunisation history, no further doses of hepatitis B vaccine are required
- Where there has been incomplete immunisation then the required doses should be given to complete the course. There is no need to begin again from scratch
- In poorly compliant IDUs with poor venous access, the vaccine should be given without prior immunity testing. A course of vaccine to someone already infected should not cause any major ill-effects.
- Compliant patients likely to return for vaccination and who have venous access should, ideally, be tested for immunity
- Post-vaccination testing for antibody response is not necessary due to the proven effectiveness of the vaccine.
- A 4th dose of vaccine at 12 months is not required to confer full protection in the majority of people **but** if you do have the opportunity then give it.
- Routine booster at 5/10 years is not recommended
- If you have a compliant patient then you have the option of using **Twinrix** which covers against hepatitis A as well. However, the schedule is over 6 months (0,1 and 6 months) so it takes longer to achieve full hepatitis B immunity

GREATER GLASGOW PRIMARY CARE NHS TRUST RISK MANAGEMENT DEPARTMENT

The Greater Glasgow Primary Care NHS Trust Risk Management Department (RMD) would like to use the first addition of the GGHB PHPU's Newsletter to introduce the members of the new department and to outline its function.

The main **function** of the risk department is to provide a professional and quality advisory service in the various specialist areas:

- Risk Management
- Litigation
- **Prevention & Control of Infection**
- Manual Handling
- Health & Safety
- Fire Safety

The **team** operates from offices in Gartnavel Royal Hospital and comprises:

- Risk Manager
- Deputy Risk Manager
- Manual Handling Risk Advisor
- Health & Safety Risk Advisor
- **Prevention & Control of Infection Nurses**
- Fire Safety Advisors

The operation of each section of the department can be summarised as follows:

- Maintaining legislative compliance and quality of practice
- Provision of training around Trust Policy and education to support staff development
- Monitoring the implementation of Trust Policy
- Providing meaningful reports to relevant staff or groups on the outcome of monitoring, the information arising out of the various reporting systems or any adverse occurrence(s).

Future contributions to this newsletter by the PCT's RMD will relate to current and relevant issues in Prevention & Control of Infection and in relation to other sections of the RMD as appropriate.

YELLOW FEVER VACCINE IS BACK !

We have been informed that Evans Vaccines Ltd. (Liverpool) are now accepting orders for single-dose yellow fever vaccine which is available in boxes of 5 vials at a cost of £22.50 per vial i.e. £112.50 per box. As yet, we cannot indicate the supply provision of the vaccine which remains unlicensed until it receives MCA approval.

The multi-dose vaccine is still available at the MASTA clinic. Call 01276 685040 or visit the website at www.masta.org.