



## INSIDE THIS ISSUE

- Decontamination of medical devices
- Notifiable and reportable diseases
- BCG and primary immunisation
- Men C vaccine 20-24yr olds
- Men disease and HCWs
- Hand-hygiene
- MMR : drop in uptake • DTPw

# GGNHSB PHPU NEWSLETTER

www.show.scot.nhs.uk/ggnhsb (TEL: 0141 201 4917/FAX:0141 201 4950)

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## Decontamination of medical devices

A working group commissioned by the Scottish Executive Health Department (SEHD) undertook a review of decontamination practice in healthcare premises in Scotland ; it's the first review of its kind in 40 years. A team of trained assessors reviewed decontamination practice in 4 NHS hospitals, 1 private hospital, 5 general medical and 5 general dental practices. Whilst there were indications of good practice, most sites were deficient in a number of key areas. In some cases, practice was unacceptably poor. The SEHD has endorsed all the 14 recommendations made by the working group and in the NHS HDL (2001) 10 circular it has identified what immediate and medium-term actions are required. Full details of the recommendations can be found in the report: The Decontamination of Surgical Instruments and Other Medical Devices (1 February 2001) [www.show.scot.nhs.uk/sehd](http://www.show.scot.nhs.uk/sehd)

## Healthcare-Associated Infection in NHSScotland

In this context, SEHD set up a working group in November 2000 to produce guidance for NHSScotland on assessing and managing risks related to healthcare-associated infection (HAI), decontamination and hospital cleanliness.

The Group divided its work into the following three main tasks:

- producing guidance on risk-management processes related to HAI
- producing draft standards for infection control, decontamination of re-usable medical devices and cleaning services.
- making recommendations on arrangements, at local and national level, for monitoring risks, setting standards and ensuring and reporting on compliance with the standards. The Group worked closely with the Clinical Standards Board for Scotland (CSBS), which has been charged with responsibility for developing a framework for national implementation.

It is therefore recommended that the following SEHD reports be read in conjunction with the above summary:

- The Decontamination of Surgical Instruments and Other Medical Devices (01 February 2001)

- Report of a Joint Scottish Executive Health Department and NHSScotland Working Group: Managing the Risk of Healthcare Associated Infection in NHSScotland
- Healthcare Associated Infections Review of Decontamination Services and Provision Across NHSScotland : NHS HDL (2001) 66
- Decontamination of Medical Devices : NHS HDL (2001) 10

All the above reports can be obtained by accessing the Scottish Executive Health Department website: <http://www.show.scot.nhs.uk>. The Greater Glasgow Primary Care NHS Trust Prevention & Control of Infection Team can be contacted on 0141 211 3568 if clarification or further discussion is required.

## Notifiable and reportable diseases

The PHPU takes this opportunity to remind GPs of the statutory requirement to notify the Health Board of 'notifiable' diseases and to voluntarily report other specified infections. If you are unsure about these reportable and notifiable diseases then please contact our department (0141 201 4917) for a full list.

Where a *clinical* diagnosis of measles, mumps or rubella is made, we would encourage GPs to obtain saliva samples from affected cases. The PHPU offers saliva-testing kits to all doctors who report clinical cases of these childhood infections (samples are sent to PHLS, London). Laboratory testing helps us to establish the *true* vaccine-failure rate in the population.

## BCG vaccine and primary immunisation

We continue to receive enquiries about the time-interval required between BCG vaccine and primary immunisation. In the 'Green Book', it clearly states that, "**BCG need not delay primary childhood immunisations even though they include live polio vaccine**". (Ref : Immunisation Against Infectious Disease 1996, p224: 32.4.2)

If you have any comments about this newsletter then please contact Dr Marie Laurie on 0141 201 4933

## Men C for 20-24 year olds

In 1999, the Group C conjugate meningococcal vaccine (Men C) was made available to all under-18 year olds. This campaign has seen a substantial reduction in disease in those children and young people (all now under 20 years) who were offered the vaccine.



The Joint Committee on Vaccination and Immunisation (JCVI) has reviewed the epidemiology of Group C infection in the over-20 year olds and recommends that immunisation be made available to people up to the age of 24 years. The risk of meningococcal disease in the 20-24 year old group is more than twice as high as the background rate in the over-24 year old group.

Even if an individual in this age group has already received the polysaccharide vaccine, they should still receive conjugate Men C vaccine provided three years have elapsed. **GPs can claim an IoS fee for immunising all unimmunised persons aged up to, and including, 24 year olds.** For this group (20-24 year olds), they should use a multi-claim form and write at the top 'Men C vaccination 20-24 year old'.

Additional stocks of leaflets and other publicity material can be obtained from our Health Promotion Department.

## Meningococcal disease and healthcare workers

Antibiotic prophylaxis is given to close contacts of index cases in an attempt to reduce the risk of further cases of the disease within the household. The overall risk is small, but is greater for those living in the same household of the case than for the general population.

In our experience, when a case of suspected meningococcal disease is notified, the question of antibiotic prophylaxis for healthcare workers who have had contact with the case often arises.

Public health departments advise that only those healthcare workers who have been involved in direct mouth-to-mouth resuscitation of a suspected case of meningococcal disease or have been involved in a procedure that has exposed them to splashing with the case's oropharyngeal secretions should receive antibiotics. All other healthcare workers who do not fall into these two specific categories do not require prophylactic antibiotics.

## Hand hygiene

Recent outbreaks of small round structured virus (SRSV) in local hospitals remind us of the importance of hand hygiene in the clinical setting. All healthcare staff should understand the principles of hand hygiene and be familiar with hand-decontamination procedures. Please note that there is a self-directed learning presentation on our website. It consists of 50 slides and includes a questionnaire to be completed at the end of the presentation.

If you have any comments about this newsletter then please contact Dr Marie Laurie on 0141 201 4933

## MMR : drop in immunisation uptake

There has been a 7.5% drop in the MMR-uptake rate in Glasgow in the 2<sup>nd</sup> quarter of 2001 compared to the same quarter in 2000 (see below). Unless this decline in vaccine-uptake is reversed, there is a real risk of a measles outbreak in the near future.

3 month period/year	MMR-uptake rate
Apr - June 2000	92.6%
July - Sept 2000	93%
Oct - Dec 2000	91.8%
Jan - Mar 2001	89.4%
Apr - June 2001	85.1%

In December 2001, the Medical Research Council (MRC) published a review of autism research. The review was carried out to; take the broadest view of the causes of autism; consider whether Autistic Spectrum Disorder (ASD) has increased; and identify priority areas for research. In relation to the MMR vaccine, the review concluded that **"current evidence supports there being no link between MMR and ASD and is consistent with the findings of previous expert groups' conclusions published in 1998"**. [www.mrc.ac.uk/PDFs/autism](http://www.mrc.ac.uk/PDFs/autism)

An article published last month in the American journal, *\*Pediatrics*, addressed parents' concerns that multiple vaccines might overwhelm or weaken an infant's immune system. The authors concluded that current studies did not support the hypothesis that multiple vaccines overwhelm, weaken or 'use up' the immune system. Their view is that young infants have an enormous capacity to respond to multiple vaccines as well as to the many other challenges present in the environment.

They go on to state that, based on their calculations, each infant would have the "theoretical capacity to respond to about 10,000 vaccines at any one time" and is not at risk from the current practice of giving combinations such as measles, mumps and rubella. By providing protection against a number of bacterial and viral pathogens, vaccines prevent the "weakening" of the immune system and consequent secondary bacterial infections occasionally caused by natural infection.

Children are, in fact, exposed to fewer antigens in vaccines today than they were in the past. The old smallpox vaccine, no longer given, contained about 200 proteins. The 11 childhood vaccines given in the US contain fewer than 130 proteins in total. In the UK, only 9 childhood vaccines are given with even lower protein numbers. *\*Pediatrics*, Vol.109, No.1, Jan 2002 pp.124-129 <http://www.pediatrics.org/cgi/content/abstract>

The Public Health Protection Unit has the MMR discussion pack available in Braille and in audio cassettes. Please contact the unit if you would like to borrow them.

## ACT-HIB DTP vaccine

Please note that during the month of February, the Scottish Executive has recommended that ACT-HIB DTPw (i.e. whole cell pertussis) vaccine be used for primary immunisation *regardless* of the preparation used previously. The Principal Pharmacist, PCT, faxed this information to all practices on 23/01/02.






## SIDEBAR ARTICLES

This sidebar article was created with a text box. You can use a sidebar article for any information you want to keep separate from other articles or information that highlights an article next to it. These could include a list of contributors, addresses or contact information, a smaller self-contained story, a preview of the next issue, or a calendar of schedule. The example below shows a Calendar of Events.

## CALENDAR OF EVENTS

SPECIAL EVENT

PLACE

TIME

Type a description of your event here.

SPECIAL EVENT

PLACE

TIME

Type a description of your event here.

SPECIAL EVENT

PLACE

TIME

Type a description of your event here.

SPECIAL EVENT

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Type a description of your event here.

# Instructions for Using This Template

*Type your sub-heading here*

Your By-line

Your Company Name

To keep these instructions, choose Print from the File menu. Press Enter to print the template. Replace the sample text with your own text to create your newsletter.

## Using Styles in This Template

To change the Style of any paragraph, select the text by positioning your cursor anywhere in the paragraph. Select a Style from the drop-down Style list at the top-left of your screen. Press Enter to accept your choice.



*See Page 4 to learn how to edit or replace this picture.*

The styles available in this template allow you to change the look of your headlines and other text. The following is a list of some common styles and their uses.

**Body Text** - Use this style for the regular text of an article.

**Byline** - Use this style for the name of the author of an article.

*Byline Company* - Use this style to type the author's company.

**SIDEBAR HEAD** - Use this style to type a second-level heading in a sidebar article.

**SIDEBAR SUBHEAD** - Use this style to type a third-level heading in a sidebar article.

**Sidebar Text** - Use this style to type the text in a sidebar article.

## MORE WAYS TO CUSTOMIZE THIS TEMPLATE

### FOOTERS

To change the text at the very bottom of each page of your newsletter, click Headers and Footers on the View menu. Use the Header and Footer toolbar to open the footer, and replace the sample text with your own text.

### INSERT SYMBOL

It is a good idea to place a small symbol at the end of each article to let the reader know that the article is finished and will not continue onto another page. Position your cursor at the end of the article, click Symbol on the Insert menu, choose the symbol you want, and then click Insert.

### BORDERS

You can use page borders and text box borders to change the appearance of your newsletter. Borders on text boxes help keep different articles separate, and can set off sidebar articles from the rest of the page. To change a text box border, select it, double click its edge and choose the Colors and Lines tab in the Format Auto Shape dialog box.

Return Address  
Street Number and Name  
City, State 98765-4321

ADDRESS CORRECTION REQUESTED

## Inserting and Editing Pictures

*Type your sub-heading here*

You can replace the pictures in this template with your company's art. Select the picture you want to replace, point to Picture in the Insert menu, and click From File. Choose a new picture and then click Insert. Select the Link to File box if you don't want to embed the art in the newsletter. This is a good idea if you need to minimize your file size; embedding a picture adds significantly to the size of the file.

To edit a picture, click on it to activate the Picture toolbar. You can use this toolbar to adjust brightness and contrast,

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*Choose a new picture, and click the Link to File box if you don't want to save the art with the newsletter.*

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change line properties and crop the image. For more detailed editing, double-click on the graphic to activate the drawing layer. ■

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