GGNHSB PHPU NEWSLETTER

NHS Greater Glasgow

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INSIDE THIS ISSUE

Wound botulism in Glasgow drug injector

Four cases of wound botulism were reported to PHLS (Public Health Laboratory Service) and SCIEH (Scottish Centre for Infection and Environmental Health) in January/February 2002. The one Scottish case was an injecting drug user (IDU) with longstanding difficulties in venous access who was living in a Glasgow hostel. Two days after 'muscle popping' into his gluteal/sacral area he was admitted with pneumonic illness and neurological features to a medical ward in one of the city hospitals.

Clinical features including diplopia, dysarthria, dysphagia and limb weakness were consistent with *probable* wound botulism. Treatment consisted of antitoxin administration, wound debridement and antibiotics, following which the patient recovered. The clinical diagnosis has since been confirmed by laboratory testing.

Active case-finding was conducted although no other cases were found. Health and addiction staff were asked to be vigilant and to report immediately to the PHPU any IDU with neurological symptoms similar to the above.

The advice issued previously by this department following the cases of necrotising fasciitis amongst IDUs in 2000, and again in 2001, remains unchanged. We would remind colleagues that IDUs who present with serious abscess or serious tissue-inflammation should be referred to hospital for surgical assessment as they may require early intervention with surgical debridement and a broad-spectrum antibiotic including clindamycin. IDUs should be urged to avoid 'muscle-popping' or injecting into other tissues outside the vein e.g., skin. Pocket-size cards which give advice to IDUs about injecting can be obtained from our department **(Call us on 201 4917).**

Injectors should also be reminded to use the minimum of citric acid to dissolve their heroin. It is much safer to smoke heroin than to inject it.

MMR-discussion seminars

A series of four lunch-time seminars were held in Glasgow in March 2002 for all GPs, health visitors, practice and treatment-room nurses. The aim was to examine the facts in relation to the MMR vaccine and to address some of the issues which have caused controversy.

Approximately 250 professionals, mainly health visitors, attended the seminars and were grateful for the opportunity to discuss the topic and to relate common concerns raised by parents.

The PHPU and Child Health (PCT, Gartnavel) have since undertaken to send a Q&As leaflet to all parents and guardians of children being called for MMR immunisation. This leaflet replaces both the 'Myths and Facts' sheet previously produced by our department and the HEBS/Scottish Exec./SCIEH pamphlet. Distribution to parents/guardians of children being called for MMR is planned to commence in May 2002.

A more detailed version of the leaflet will be sent to all GPs, health visitors, practice and treatment-room nurses this month.

Patient Group Directions road-shows

During April/May 2002, the Primary Care Trust (PCT) and the PHPU will present a number of 'Patient Group Directions (PGDs) & Immunisation-update' road-shows for health visitors and practice nurses. PGDs are written agreements for the supply and administration of medicine to groups of patients who may not be individually identified before presentation for treatment (e.g. those targeted by immunisation programmes). The law governing PGDs applies UK-wide (since August 2000) and national guidance is available from the Scottish Executive Health Department. These shows will be held in various venues across the city and the LHCC practice-development nurses will allocate spaces.

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

Cryptosporidiosis season starts

Last autumn, in the light of the outbreak of cryptosporidiosis in the spring of 2000, West of Scotland Water announced its decision to stop all sheep-farming as a precautionary measure to protect the public health. Unfortunately, the risk associated with Loch Katrine water will continue until at least 2005/6 when Milngavie Treatment Works (now under 'Scottish Water') is scheduled for upgrading. This will include the introduction of filtration necessary to physically remove the oocysts which are resistant to chlorination. The many miles of porous Victorian aqueducts leaving Loch Katrine and supplying Craigmaddie and Mugdock reservoirs in Milngavie remain vulnerable to the extensive farming activity not under WoSW's control, as well as other sources of contamination. As a result, another outbreak could conceivably occur on the Glasgow supply in the next 3 or 4 years.

For this reason, we remind all medical colleagues to be vigilant in detecting cryptosporidiosis in the spring by requesting a stool-sample from patients with prolonged, non-bloody diarrhoea (>5 days). Cryptosporidiosis is characterised by colicky, abdominal pain and 10-14 days of unpleasant, non-bloody diarrhoea. Less commonly, it is associated with nausea, vomiting and fever. There is no treatment or cure although fit adults should recover uneventfully. The very young and very old can experience more severe or prolonged infection. The latest guidance from the Bouchier committee (summer 1999) is that only the most immunocompromised patients, including those with HIV, Severe Combined Immunodeficiency, and certain T cell deficiencies, need to boil drinking water. However, the death in May 2000 of an elderly woman (outbreak case) with CLL who did not qualify for this advice, prompted another review of the evidence on this subject (Hunter PR, Nichols G. *Clin Micro Rev* 2002;15:145-54).This revealed that the published literature on the complications of cryptosporidiosis in HIV/AIDS patients was substantial but sparse for other vulnerable groups. Just one case-series of 20 patients with haematological malignancy *and* cryptosporidiosis was described; this showed that 5 suffered from severe diarrhoea, 4 relapsed with the infection, their long-term consequences unknown, and 1 died from extra-intestinal cryptosporidiosis. The difficulty in interpreting this evidence is that it is impossible to quantify the risk, which, considered low overall for the general population, could be higher for individual high-risk patients.The PHPU recommends that *any patient deemed by their doctor to be highly susceptible to infection*, including those with advanced or untreatable leukaemias, should be advised about the small risk of contracting cryptosporidiosis and be encouraged to make their own decision about whether they want to boil drinking water.

To avoid scalding, people are advised to boil a kettle of water at night, allow it to cool overnight and then fill a clean, labelled bottle in the morning and store it in the fridge (for no more than 3 days). **Call us for more info.**

Yellow fever vaccine

In October last year, the PHPU reported that Evans was supplying an unlicensed single-dose yellow fever vaccine. This has now been withdrawn following the launch of the licensed product by Aventis.

The licensed single-dose vaccine costs £23 per vial + VAT and can be ordered by calling Aventis on 0800 0855511. Deliveries are twice a week.

Evans hopes to supply a licensed product later in the year. It may be worthwhile for practice-based yellow fever vaccination centres to register with Evans in order to receive up-to-date information. Their contact number is 08457 451500.

Food-poisoning leaflets

The PHPU has produced 4 leaflets on organisms that cause gastroenteritis in humans ; *campylobacter, salmonella, cryptosporidium* and *E coli O157.*

- *Campylobacter* is the most-common bacterial cause of gastroenteritis in the UK.

- *Salmonella* ranks as the second most-common bacterial cause of gastroenteritis.

- *Cryptosporidium* is a protozoan parasite and infection is associated with drinking water from unfiltered water supplies. This is one of the principal reasons why people with HIV and Severe Combined Immunodeficiency Syndromes should not drink tap water. Infection can also be contracted by direct contact with sheep and cattle.

- *E coli O157* , a less common bacterial cause of gastroenteritis, is especially worrying because of its propensity to cause renal problems in a sizeable percentage of affected children (~10%)

Environmental health officers, infectious disease consultants or our own department will routinely offer these leaflets to people who have been infected with the above organisms.

We can supply a *small* number of these leaflets to GP practices - to place an order please call us on **201 4917.**

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