

GGNHSB PHPU NEWSLETTER

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Volume 1, Issue 9

August 2002

Summer eating

In the summer months, the number of food-poisoning cases rises so whether you're having a barbecue, picnic or summer buffet, it's important to take care preparing and cooking food. Just in case we *do* happen to have a summer, these food safety tips should be followed

Barbecues

- Always keep raw food separate from any ready-to-eat foods
- Make sure the charcoal is hot enough before you start to cook
- Always cook meat dishes until they are piping hot all the way through and the juices run clear
- Don't assume that if meat is charred on the outside it's cooked inside
- Always wash your hands after handling raw meat
- Use separate utensils for raw and cooked foods
- Keep food covered to prevent insects getting to it
- Consider pre-cooking poultry, burgers and sausages in the oven and finishing them off on the barbecue when cooking for a large number of people
- Remember that left-over marinade has been in contact with raw meat and therefore mustn't be used as a sauce

Picnics

- Use a cool-bag with ice packs to keep food cool during the journey
- Don't take food from the fridge until the last moment
- Wash your hands or use antiseptic wipes before eating
- Wash fruit and vegetables thoroughly before eating
- If taking pets or visiting a farm etc. make sure that you keep them away from the food and wash your hands or use antiseptic wipes after petting animals
- Make sure your fridge is at the right temperature i.e., below 5° C. It's advisable to purchase a fridge-thermometer from your local supermarket
- Don't keep leftovers - bin them

Should you want more info. on this or other food-safety matters, please contact Environmental Health on 287 6539

GGNHSB report on dentist imprisoned for fraud

On 30th July 2002, the Board's Incident Management Team (IMT) issued the report on its look-back exercise which was conducted following the conviction of a former Glasgow dentist for 'fraud and endangering patients through periodical use of unsterilised dental instruments'. Mr William Duff, a former dentist who, for a time, practised in the Maryhill area, was sentenced to 3 years' imprisonment (reduced to 2 years on appeal) on 22nd February 2001.

The concern was that the use of unsterilised instruments could have led to infection with bloodborne viruses and, for this reason, the Board conducted a review of more than 1000 of Mr Duff's former patients.

The IMT found that none of the 1137 patients who were tested proved to be HIV-positive or hepatitis B-positive. However, 15 patients were found to have evidence of infection with hepatitis C (HCV). Of these, 7 did not give any history of risk exposure, other than receiving dental treatment from Mr Duff, which might lead to infection with HCV.

Detailed analysis of HCV virus sub-types in patients with an ongoing infection concluded that *they were not acquired from a single common source* i.e., that Mr Duff himself was not the single source of these infections. There was also no evidence of HCV transmission *between* these individuals. However, the report concluded that it was, *'not possible to rule out transmission of HCV infections by unsterilised equipment used by Mr Duff between these patients and those who did not come forward for testing'*.

It should be noted that HCV is a relatively common infection and the review shows that the level of known infection among former patients of Mr Duff was comparable to that in other dental practices in Glasgow which had a similar patient-base. All patients identified with HCV infection were referred for appropriate treatment.

Please note that copies of the IMT's report can be obtained from the PHPU (201 4917)

Combined tetanus/low-dose diphtheria vaccine for adults

Further to the Scottish Executive's letter of 20th May 2002 (BMA03170502Tet) regarding the replacement of single-antigen tetanus vaccine by combined tetanus/low-dose diphtheria vaccine (Td) for adults and adolescents, the PHPU has received a number of enquiries seeking clarification on certain points. Some of the confusion probably resulted from the slight differences in advice contained in the above letter and the current edition of the Green Book. The table opposite updates that in the 1996 Green Book (p210) by taking into account the advice contained in the Scottish Executive letter.

The main recommendations are founded on advice from the Joint Committee on Vaccination and Immunisation (JCVI) which expressed concern at the low levels of immunity to diphtheria in older people in the UK. It brings us into line with recommendations from the World Health Organisation (WHO).

The main recommendations :

- Single tetanus vaccine is now no longer available and is to be replaced by Td
- Td should be used for :
 - Primary immunisation of all adults and adolescents previously unimmunised against tetanus
 - Where booster doses of tetanus are indicated following a tetanus-prone wound or for the purposes of travel

For both tetanus and diphtheria, a total of **5** doses are thought to give adequate life-long immunity. This may have been given as a **3-dose** primary childhood course followed by **pre-school** and **school-leaving** boosters; or as a primary **3-dose** course *at any time* followed by a booster **10 years later** and a further booster **10 years after that**.

Booster doses are therefore **only** required in the following circumstances:

- Following a tetanus-prone wound where the individual has not received a full **5-dose** course.
- For travellers to areas where medical attention may not be accessible should a tetanus-prone wound occur and the last dose was **more than 10 years previously**

Single antigen low-dose diphtheria vaccine (d) is still available for adults and adolescents where diphtheria vaccine is indicated in an individual who is fully immunised against tetanus. However, if this single vaccine is unavailable for any reason, it's safe to use the combined vaccine (Td).

Tetanus-immunisation table

Immunisation status	Recommendation CLEAN WOUND	Recommendation DIRTY/ CONTAMINATED WOUND
Unimmunised or immunisation status unknown	Full 3-dose primary course of Td to begin immediately. Standard boosters at 10 year intervals thereafter	As for clean wound but also give 1 dose of human tetanus immunoglobulin at a different injection site .
One dose of tetanus vaccine	Complete primary course with 2 further doses of Td (1 dose immediately and 1 dose a month later) Standard boosters at 10 year intervals thereafter	In addition give one dose of human tetanus immunoglobulin at a different site .
Two doses of tetanus vaccination	Complete primary course with 1 dose of Td immediately. Standard boosters at 10 year intervals thereafter	In addition give 1 dose of human tetanus immunoglobulin at a different site
Three or four doses, last dose within 10 years	NIL	NIL. However, if risk of infection is considered to be high (e.g., contamination with stable manure) then give 1 dose of human tetanus immunoglobulin
Three or four dose, last dose more than 10 years previously	1 booster dose of Td	In addition give 1 dose of human tetanus immunoglobulin at a different site
Five doses	NIL	NIL

On-line travel and health

GPs and other health service workers can get free access to the on-line travel-advice database used by the PHPU at;

<http://www.travax.scot.nhs.uk>

The version for the general public is at;

<http://www.fitfortravel.scot.nhs.uk>