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# GGNHSB PHPU NEWSLETTER

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

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## Withdrawal of BCG vaccines

The Medicines Control Agency has ordered the withdrawal of all batches of Evans BCG vaccines still within their expiry date. Stocks of these should be removed from possible use. The Evans BCG vaccines are listed below:

- BCG Vaccine Intradermal PL 18532/0009
- BCG Vaccine Percutaneous PL 18532/0010
- BCG Vaccine Intradermal Isoniazid Resistant PL 18532/0011

The vaccine distributor (Farillon) will shortly be writing to all hospital childhood vaccine holding centres that have received BCG vaccine (intradermal and percutaneous) to give instruction on how any remaining stock should be returned. GPs should return stock to their local holding centre. Evans Vaccines Ltd will be contacting GPs and hospitals direct about intradermal isoniazid resistant BCG, as this is not distributed by Farillon.

The reason for this action is due to failures in stability testing of some batches of these products. The tests require compliance with potency specifications throughout the shelf lives of the products.

The following points should be clearly understood:

- all BCG vaccination clinics should be postponed in the meantime
- the safety of these vaccines is not in question
- there is no evidence to suggest the clinical efficacy of these vaccines is affected, therefore there is currently no need to retest or revaccinate individuals who have recently received these vaccines
- Evans is trying to access stocks of alternative vaccines and further information on these matters will be issued as soon as possible

Further information can be obtained from Evans Vaccines Ltd. on 08457 451500.

## Patient Group Directions and childhood immunisation

Patient Group Directions (PGDs) for Childhood Immunisations have now been completed and implementation will begin this quarter. The implementation will be initiated through the lead nurses of each LHCC.

PGDs are there as a means by which nurses can administer and supply medication without prescription.

## PCT's infection control - environmental audit tool

The PCT's Infection Control - Environmental Audit tool has been sent to staff for comment from an operational and managerial perspective (the closing date for comments was 22<sup>nd</sup> August 2002). However, if you haven't seen the tool and would like the opportunity to comment, please contact a member of the PCT Infection Control Team for a copy. Comments can still be made to the ICT, Ward 4, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH (211 3568)

## Antenatal HIV screening

NHS Scotland has recently announced that antenatal screening for HIV infection should be *routinely* offered to *all* pregnant women in Scotland (NHS HDL (2002) 52). NHS Boards and Trusts have been asked to ensure that this service, supported by appropriate advice and counselling, is fully implemented by 1st April 2003.

Testing is to be offered on the basis that it is done routinely *unless a woman chooses to decline to be tested*. Information systems to record the offering and uptake of antenatal HIV testing across Scotland are now in the process of development.

In the GGNHSB area, a multidisciplinary working-group has been convened and will hold its first meeting in mid-September. It will consider the range of issues involved in implementing routine HIV testing and begin the planning process.

## The 'boil-water' notice

Since the outbreak of cryptosporidiosis in Spring 2000, Scottish Water has supplied GGNHS Board with routine surveillance data from water samples obtained from the Loch Katrine distribution network. This surveillance has revealed intermittent raised *Cryptosporidium* levels, up to 0.1 oocysts/10L of treated water, *without* the occurrence of outbreaks of human illness.

On Thursday 1st August 2002, Scottish Water alerted the PHPU to deterioration in water quality following an increase in turbidity in the Mugdock reservoir, and an accompanying increase in *Cryptosporidium* (the level was below 0.1 oocysts/10L). This increase followed the torrential rain affecting the West of Scotland on Tuesday 30th July.

Late on Friday 2nd August, a further result, in *excess* of 0.1 oocysts/10L, was obtained from treated-water samples from the Mugdock supply. This result was seen as indicative, but inconclusive, of a *Cryptosporidium* problem. Arrangements were put in place to receive further laboratory information the next day and, as a precautionary measure, a fax was sent to GGNHS medical services that evening asking that all patients with diarrhoea have samples submitted for *Cryptosporidium* testing.

On Saturday 3rd August, a further increase in the oocyst level in Mugdock-treated water led to a predetermined set of actions as laid out in the West of Scotland Water, Water Hazard Plan. A Problem Assessment Group (PAG) convened that afternoon to review the results and agreed that the levels confirmed a *Cryptosporidium* problem. Immediately following this, a larger Incident Control Team (ICT) meeting took place where potential actions to protect the public health were discussed. The team decided that a 'boil water' notice should be issued to premises in the affected areas (involving 140,000 residents) and agreed a media release. Following the compilation of comprehensive lists of the affected households and commercial premises, and briefing of Scottish Water and NHS Helplines, the media release was issued that evening.

Unfortunately the timing of this release was problematic since it missed the early evening news bulletins and did not refer to Clydebank premises which were subsequently identified as being affected.

Significant water-engineering work over the Saturday and Sunday led to the introduction of an alternative mains water supply to the affected areas. This work coupled with satisfactory microbiological results, allowed the 'boil water' notice to be lifted by the ICT on Wednesday, 7th August.

There were no reported cases of cryptosporidial diarrhoea in anyone living in, or who had consumed water from, the affected areas.

The ICT's full report will be published in due course

## New patient-information leaflets

The PHPU has recently published 4 new patient-information leaflets on:

- *E coli O157*
- Cryptosporidiosis
- *Salmonella*
- *Campylobacter*

Other available leaflets cover meningococcal infection, hepatitis B, hepatitis C, MRSA, TB, headlice, scabies, BCG vaccination, MMR, Men C, and immunisation for babies

Contact us on 201 4917 to obtain copies

## Legionnaires' disease

In recent weeks there has been much press interest in the outbreaks of legionellosis in Cumbria and the West Midlands as well as the possibility of linked cases in Ayrshire/Glasgow.

Legionnaires' disease is caused by a bacterium, *Legionella pneumophila*, and often presents as an atypical pneumonia. Most cases are single cases, but when outbreaks occur they are most common in the summer and early autumn. The fatality rate is around 10%.

Infection occurs by breathing mists from water sources contaminated by *Legionella* bacteria. These bacteria reproduce in high numbers in warm, stagnant water (90-105°F) and are generally propagated from cooling towers, evaporation condensers of large air-conditioning systems and whirlpool spas etc. All ages can be affected, but it mainly affects people over 50 years. Person-to-person spread does not occur.

In Glasgow, on average, 10 cases are reported every year and most are travel related. The incubation period ranges from 2 to 10 days and symptoms include fever, chills, cough, muscle aches, headache, tiredness, and sometimes diarrhoea and confusion. In more serious cases, multi-organ failure and death may occur.

The PHPU, in collaboration with environmental health departments, attempts to detect the source of infection when cases occur. If infection is locally acquired, (i.e. not travel related), this will include inspection of facilities with high-risk water-vapourising systems. Good design and maintenance of such facilities is the mainstay of legionellosis prevention.

Laboratory diagnosis includes detection of antigen in urine, culture from sputum and rising titres of antibody in blood samples 3 to 6 weeks apart. Erythromycin is the drug of choice in treating legionellosis.

*If you would like to comment on this newsletter then please contact Dr Marie Laurie on 201 4933*