GGNHSB PHPU NEWSLETTER

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'Flu campaign 2002/03

The 'flu immunisation-uptake target for those aged 65 years and over, has been set nationally at 70% for the 02/03 season. Last year, the national uptake was 64.9% (just below the 65% target). In common with many West of Scotland Health Boards, GGNHSB did not manage to achieve the national target overall (although uptake rates varied widely across the LHCC areas). The reasons for this are complex but uptake rates are highly correlated with poorer socioeconomic circumstances in the West of Scotland.

Dr Jim McMenamin, Consultant in Public Health Medicine, is the Board's 'Flu Co-ordinator and he will be working closely with the Primary Care Trust (PCT) towards achieving this target. By the end of September, ***over and above any local practice arrangements,*** a personal letter will be sent from the Co-ordinator to all those who are aged 65 years and over on or before the 31st March 2003 (using a SIRS-type system). This follows research undertaken by SCIEH during the last 'flu season which revealed that one of the best predictors of a higher uptake of vaccine was the use of a personal letter of invitation by a local health professional (this increased uptake by an average of 3-4%).

'Flu surveillance arrangements for this year will be communicated directly from SCIEH to those practices involved in either the 'Flu Spotter' or the SERVIS* schemes.

*Scottish Enhanced Respiratory Virus Infection Surveillance

Full details of the arrangements for this year's campaign can be found in the following CMO letters;

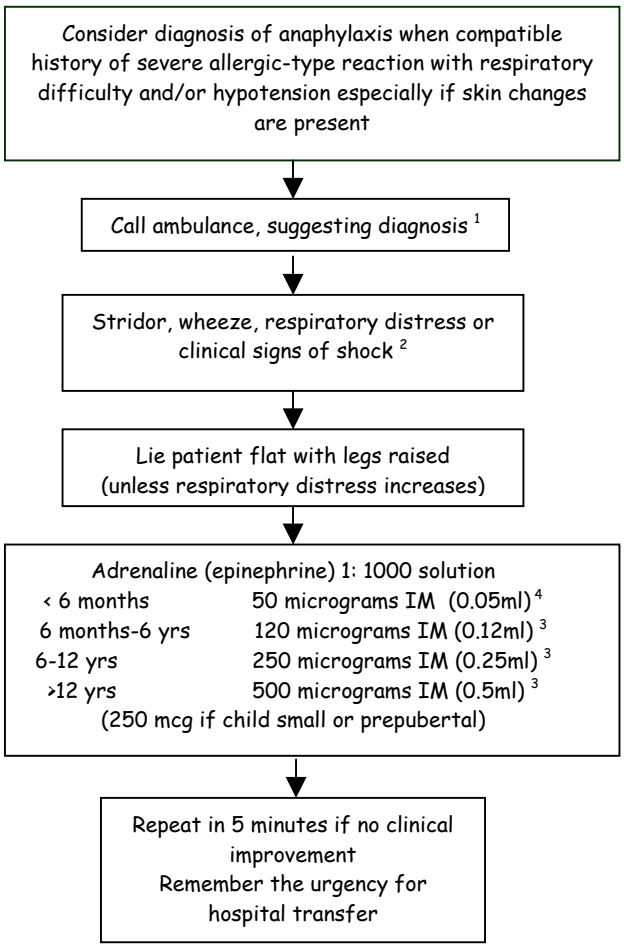
SEHD/CMO (2002) 5 (13 June)
SEHD/CMO (2002) 6 (26 August)
SEHD/CMO (2002) 8 (13 September)

The Scottish General Practitioners' Committee (SGPC) has already communicated the agreed uplifted incentive payment scheme to GPs.

Remember that this newsletter is available on the SHOW site. Go to www.show.scot.nhs.uk/ggnhsb **and click on 'Publications & Reports'.**

Anaphylaxis treatment for children in the community

It has been brought to our attention that there have been changes in the recommended adrenaline doses for children who suffer anaphylactic shock in the community. The following guide contains the changes and also summarises the recommended management of the patient (*Resuscitation Council Guideline March 2001).*



[1]Ambulance will be equipped with oxygen, salbutamol and fluids which may be used as adjunctive therapy
[2]If profound shock judged as *immediately life threatening* then give CPR/ALS if necessary
[3]For children who have been prescribed *EpiPen*, 150 micrograms can be given instead of 120 micrograms, and 300 micrograms instead of 250 micrograms and instead of 500 micrograms *(refer to BNF for repeat-dose intervals)*
[4]Absolute accuracy of this small dose is not essential

Update on BCG vaccine supply

Recently, the Medicines Control Agency (MCA) granted the Danish Company, Statens Serum Institute (SSI), a trading licence for BCG vaccine and discussions are now underway with SSI to supply the UK. The Southbank Centre, which currently arranges appointments for BCG vaccination at William Street clinic, is cancelling appointments on a week-to-week basis and notifying patients by letter. We'll keep you informed of any developments on this front.

Latest primary immunisation figures

The table below gives the uptake rates of primary immunisation among children in Glasgow reaching the age of two years in April/June 2002.

Immunisation	*% uptake*
Diphtheria	**96.5**
Pertussis	**96.2**
Tetanus	**96.6**
Polio	**96.5**
Hib	**95.7**
Men C	**96.4**
MMR	**87.3**

With the exception of MMR vaccine, rates in Glasgow are similar to the national average. As far as MMR is concerned our rate is slightly lower than the national average of 88.6%. However, our latest rate of 87.3% is an improvement on the last quarter (1st January to 31st March 2002) which showed an uptake rate of 85.5%. This is obviously encouraging news and it is hoped that this upward trend will continue.

In a recently published article in the British Medical Journal (BMJ 2002; 325; 419-21), the authors looked at whether children with autism are more likely to have a history of gastrointestinal disorder than children without autism. This was a nested case-control study of children born after 1st January 1988 and registered with a general practice research database within six months of birth.

It was found that 9 of 96 (9%) children with a diagnosis of autism (cases) and 41 of 449 (9%) children without autism (matched controls), had a history of gastrointestinal disorders before the date of first recorded diagnosis of autism in the cases and the same date for controls. The authors concluded there was *no* evidence that children with autism were more likely than children without autism to have had defined gastrointestinal disorders at any time before their diagnosis of autism. Readers will recall that one of the key hypotheses put forward by Dr Wakefield and his colleagues was that there was an association between chronic inflammatory bowel disease and autism. This latest study's findings are consistent with those of other studies in providing evidence against an association between gastrointestinal illness in children and the later development of autism.

Tetanus immunisation - the definitive guide

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 thereafter	As for clean wound but also give 1 dose of human tetanus immunoglobulin at a different injection site.
1 dose of tetanus vaccine	Complete primary course with 2 further doses of Td (1 dose immediately and 1 dose a month later). Standard boosters thereafter	*In addition* give one dose of human tetanus Immunoglobulin at a different site.
2 doses of tetanus vaccine	Complete primary course with 1 dose of Td. Standard boosters thereafter	*In addition* give 1 dose of human tetanus immunoglobulin at a different site
3 or 4 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
3 or 4 doses, 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
5 doses - last dose *within* 10 years	NIL	NIL
*5 doses - last dose *more than* 10 years previously *ref :SEHD/CMO (2002) 6*	NIL	NIL. However, if risk of infection considered to be high (e.g. stable manure contam^{n}) then give 1 dose of immunoglobulin. If person travelling to area where no medical attention accessible, then give 1 booster dose of Td *prior* to travel

***This updates the previous guidance in August's newsletter**