# GGNHSB PHPU NEWSLETTER

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

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## Pneumococcal vaccine

### 'At risk' children under 2 yrs of age

Wyeth has produced a heptavalent (7-valent) polysaccharide *conjugated* vaccine (Prevenar) to prevent invasive pneumococcal disease in children aged between *2 months and 2 years* who are deemed 'at risk' because of the following conditions:

- homozygous sickle-cell disease
- asplenia or severe dysfunction of the spleen
- chronic renal disease or nephrotic syndrome
- coeliac syndrome
- immunodeficiency or immunosuppression due to disease (including HIV infection) or treatment
- chronic heart disease
- chronic liver disease including cirrhosis
- diabetes mellitus

### Vaccine administration

By intramuscular injection (0.5ml)
For infants, anterolateral thigh site is preferred
For young children, deltoid muscle is preferred

### Dose regime

**Infant: 2-6 months**
3 doses, a month apart, and a 4th booster dose in the second year of life. The regime can be incorporated into primary immunisation schedule

**Infant: 7-11 months**
2 doses, a month apart, and a booster dose in the second year of life

**Child: 1-2 years**:
2 doses separated by an interval of 2 months

'At risk' children under 2 years of age who receive the heptavalent vaccine *should* also receive the unconjugated polysaccharide pneumococcal vaccine (23-valent) after their second birthday. This is because the polysaccharide vaccine provides protection against a number of serotypes of *S.pneumoniae* not covered by the 7-valent conjugate vaccine.

### 'At risk' children aged 2 yrs and over

If the conjugate vaccine is given just before the child's second birthday, then leave an interval of *at least 1 month* before administering the polysaccharide vaccine.

The *unconjugated* polysaccharide vaccines currently available for those 2 years of age and over are:
Pneumovax II (Aventis Pasteur)
Pnu-Imune (Wyeth)

### Patients with cochlear implants

The Department of Health has recently recommended that pneumococcal vaccine be given to *all* non-vaccinated patients with cochlear implants as well as those waiting for implant. This guidance follows reports of meningitis in cochlear implant patients in mainland Europe and USA ; in these cases pneumococcus was the bacterium most commonly responsible. The vaccine does not give total protection but it does reduce the risk of pneumococcal meningitis. The potential problem was first highlighted by the Medical Devices Agency in a 'Device Alert' notice in August (MDA DA2002(09)).

The Scottish Cochlear Implant Programme (SCIP), based at Crosshouse Hospital, has provided a national service since 1988 and has treated over 300 patients. In early September, following the MDA alert, SCIP sent letters to all its cochlear implant patients/parents and their GPs advising them of the new guidance. Patients on the waiting list for implant were also informed.

### Re-vaccination

Re-vaccination is only recommended when at least 5 years have lapsed since the last vaccination. However, it can cause severe reactions because of existing high antibody levels. Therefore, before proceeding with a re-vaccination, we advise you to contact a local clinical immunologist or the Scottish Meningococcal and Pneumococcal Reference Laboratory (Stobhill Hospital, **201 3663**) to discuss measuring the patient's antibody level.

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

# Alcohol hand-rub - just as good as antiseptic soap

Hand-rubbing with an alcohol-based solution works as well as hand washing with antiseptic soap during *routine patient care* according to a group of French scientists reporting recently in the British Medical Journal (BMJ 2002;325:362-5 (17 August)). Findings from their randomised controlled trial showed that hand-rubbing with an alcohol-based solution was significantly more effective in reducing hand-contamination than hand washing with antiseptic soap. However, participants with visible contamination of the hands with blood or body fluid were excluded from the trial. Hand-rubs have advantages over hand washing in that hand hygiene is quicker to perform, more likely to be performed correctly and the procedure does not require plumbing! This study may have implications for GP practices that do not have one sink per surgery or where the sink does not facilitate proper hand washing. **NB Hand washing remains essential when hands are visibly dirty**.

# Hep B information leaflets

The PHPU's Hepatitis B patient-information leaflet presents the facts about hepatitis B in a concise Q&A format. Supplies can be obtained from our department on **201 4917**. Please note, that on the recommendation of Dr Syed Ahmed, CPHM, GPs who vaccinate injecting drug users against hepatitis B can claim an item-of-service fee This special arrangement is restricted to the GGNHSB area and was in response to a rise in hepatitis B cases amongst IDUs in the city last year. However, there is no IOS fee for administering Hep B vaccine to adult patients who fall into the other risk groups (see 'Green Book' (1996),Sect.18.4; 99-102)

# Meningococcal season

As the influenza season approaches, we can also expect to see an increase in meningococcal cases given the association between both these infections. GPs are reminded that where meningococcal disease is suspected, the patient should be given a single dose of IV/IM benzylpenicillin immediately and then urgently transferred to hospital. This is the recommendation of the Department of Health's Chief Medical Officer. Benzylpenicillin should be withheld if there is a known history of anaphylaxis following previous penicillin administration. However, GPs do not need to carry an alternative antibiotic. (Communicable Disease and Public Health,Vol 5, No3 (187-204) Sept 2002).

The GGNHSB notification rates for the winter months 2001-02 and summer months 2002 clearly demonstrate the seasonal variation.

| 6-month period | Notified cases |
|---|---|
| Oct01-Mar02 | 40 |
| Apr02-Sep02 | 16 |

# Decontamination of equipment in GP and dental practices

The PCT's Prevention & Control of Infection Team is currently organising training sessions in sterilisation processes. Staff responsible for decontamination of reusable equipment and instruments in non-centralised sterilisation departments will be provided with easy-to-follow guidance and instructed on appropriate decontamination methods. Training for community and general dental practitioners will take place in December 2002. The programme for primary care staff, including practice nurses and GPs, is planned for mid-January 2003; further details will be provided via locality and practice managers in November.

Information about these sessions can be obtained by contacting the PCT's Prevention & Control of Infection Team (P&CIT) on **211 3568**

## Infection-control audit tool for GP practices

The team has also developed an infection-control audit tool for use in GP practices. This will be available on request from November 2002. In the meantime, a copy of the Infection Control Environmental Standards will be sent to each GP practice in due course. The standards will cover the following areas:

- general environment
- consulting room/treatment room
- local sterilisation processes
- handwashing facilities
- sluice room
- waste disposal
- vaccines storage
- minor surgery
- clinical practice
- cleaning/disinfecting
- laundry/linen storage
- sharps handling/disposal
- toilet area
- shower area
- domestic services/housekeeping
- staff facilities
- kitchen
- care of equipment
- baby changing facilities

If you'd like a copy of the audit tool for use in your area. please contact the PCT P&CIT team on **211 3568**

# Web-site additions

Remember we're on the 'Show' site (www.show.scot.nhs.uk/ggnhsb, Publications & Reports) and in the next month or so all correspondence (including backdated copies of letters/alerts) sent out from the

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PHPU to GPs, Trusts, PCT staff etc. will also be available on-line.

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