

GGNHSB PHPU NEWSLETTER



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Haemophilus influenzae type b infection on the increase

From January to July 2002, the Scottish Centre for Infection and Environmental Health (SCIEH) received 14 reports of invasive *Haemophilus influenzae* type b (Hib) infection. This compares with 9 reports for the same period last year. Two reports were for adults and the other 12 for children. Hib vaccination status was available for 9 of the 12 paediatric cases and showed that 8 had received 3 doses of Hib vaccine, making these true vaccine failures. SCIEH has recently set up an enhanced surveillance system to investigate the increase in reports of invasive Hib infection (source: SCIEH Weekly Report, 10 September, 2002). The increase in invasive Hib disease in Scotland is reflected throughout the United Kingdom and the Joint Committee on Vaccination and Immunisation (JCVI) is currently looking into the reasons for the recent increase.

Flu-vaccine uptake - Oct 2002

This year (02/03), the national target for flu-vaccine uptake is 70% (5% increase compared with 01/02 season). The GGNHS Board figures for the month of October show a modest improvement locally (2.5% increase in Greater Glasgow) and a greater increase nationally (5.2%) compared with the same time-period for 2001. All LHCCs are provided with monthly summary uptake information by the Primary Care Trust and are encouraged to learn from the best practice of individual GP practices achieving the highest uptake-rates.

Area	% uptake Oct 01*	% uptake Oct 02
GG NHS Board	48.7	51.2
NHS Scotland	49.2	54.4

*as at 14th November 2001

Festive advice

If you buy a frozen turkey
And you don't want diarrhoea
Make sure to thaw it thoroughly
and cook till the juice runs clear ¹



¹Big book of Confucius' Wise Festive Sayings 545 B.C.

MenC vaccine campaign for 20-24-year-olds

Uptake of the MenC vaccine in the 20-24-year-old age group has been disappointingly low. This is worrying given that the risk of meningococcal disease is significantly higher in this age group.

We would remind all general practitioners that an item-of-service fee is payable for vaccinating people in this target group. Please use a multi-claim form and write at the top "MenC for 20-24-year-old."

Some practices have drawn up a list of all 20-24-year-old patients and systematically invited them for vaccination if they haven't already received the conjugated vaccine. People in this age group who were given the meningococcal A+C polysaccharide vaccine in 1999 or before (either as UK students or travellers to endemic areas of the world), will now require the MenC conjugate vaccine as the polysaccharide vaccine only provides approximately 3 years' protection.

Leaflets and other publicity materials on MenC vaccine in this age group can be obtained from our Health Promotion department on 201 4920/11

Pertussis vaccine - update

Since January 2002, on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), all pre-school children are being offered DTaP vaccine which contains acellular pertussis and diphtheria and tetanus vaccine. The reason for using acellular pertussis in the pre-school booster programme is that it is less reactogenic than the whole-cell vaccine in the older child who should, by pre-school age, have received 3 doses of the pertussis vaccine.

Please note the JCVI's recommendation that only **whole cell pertussis vaccine** be used for the primary immunisation programme i.e., at two, three and four months. Research has shown that immunologically, acellular vaccine is **NOT** as good as the whole cell type for primary immunisation.²

² Miller E. 1999, Overview of Recent Clinical Trials of Acellular Pertussis Vaccines: *Biologicals* 27: 79-86

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

Late presentations of HIV

The clinicians managing HIV patients have raised concern about the increasing number of extremely late presentations of HIV infection to Glasgow hospitals. These patients have often been misdiagnosed and treated for other conditions, and may have been in the care of several different specialities prior to HIV being diagnosed. At this stage they often have advanced symptoms or even AIDS.

The newer antiretroviral drugs are highly effective in suppressing the HIV virus, protecting the immune system and preventing AIDS from developing. However, if diagnosis is left too late then patients do not fully benefit from these treatments (*BMJ 2002;325: 1225-7*)

In order to prevent late-stage diagnosis, the awareness of HIV needs to be raised among all medical disciplines and HIV testing needs to be both normalised and increased.

HIV can no longer be treated as a disease that only affects high-risk groups such as gay men and intravenous drug users. In the 3rd quarter of 2002 (July to September) SCIEH was notified of 71 new cases of HIV across Scotland. This represents the highest number of reports for any quarter since the late 1980s. Greater Glasgow NHS Board reported **26** cases, more than any other health board, and **17** of these cases were acquired through heterosexual sex. Overall, **60% of the new HIV cases diagnosed in Glasgow this year were amongst heterosexuals**, often with no identifiable risk factors. In contrast, there have been no new HIV cases amongst injecting drug users.

The belief that in order to broach the subject of HIV, counselling needs to take place, is unfounded. Pre-test counselling is no longer thought necessary and may act as a barrier to accessible testing. People should be given a choice of ways of getting tested and referral to specialist clinics reinforces the myth that only specialists can handle HIV tests. GPs and hospital doctors seeing medical patients with possible symptomatic HIV disease can just as easily offer the test.

The Medical Foundation for AIDS and Sexual Health, a charity supported by the BMA (previously known as the BMA Foundation for AIDS), has produced a booklet called 'Take the HIV Test', which gives advice to health professionals on how to offer HIV testing in a straightforward manner. This document discusses why the test should be normalised, addresses some of the common myths, including the necessity of counselling, and has a section on 'How to do it'. This can be downloaded from the Medical Foundation for Aids and Sexual Health website:

http://www.medfash.org.uk/publications/documents/HIV_test.pdf

MMR papers



Two further papers on MMR have been published this month. In a study in *Paediatrics* (2002;110:957-963) the authors conducted a retrospective study based on linkage of individual MMR vaccination data with hospital discharge data in Finland. Of 535,544 children aged 1 - 7 years, vaccinated between November 1982 and June 1986, no significant excess of hospitalisations for encephalitis ($p=0.28$) or aseptic meningitis ($p=0.57$) was observed during the 3 months following MMR vaccination compared with the expected numbers based on subsequent 3-month intervals. Hospitalisations for autism between November 1982 and December 1995 were identified. The authors detected no clustering of hospitalisations for autism after vaccination, and none of the autistic children made hospital visits for inflammatory bowel diseases.

The *New England Journal of Medicine* (2002; 347:1477-82) published a retrospective cohort-study of all children born in Denmark between January 1991 and December 1998. Information was obtained on MMR vaccination status and diagnosis of autistic disorder and other autistic-spectrum disorders. Of the 537,303 children in the cohort, 82% had received the MMR vaccine. After adjustment for potential confounding factors, the relative risk in the vaccinated group compared to the unvaccinated group was 0.92 for autistic disorder (95% confidence interval (C.I.) 0.68 to 1.24) and 0.83 for other autistic-spectrum disorders (95% C.I. 0.65 to 1.07). There was no association between the age at time of vaccination, the time interval since vaccination or the calendar period of vaccination and the development of autistic disorder. The authors conclude that their study provides strong evidence **against** the hypothesis that MMR vaccination causes autism.

The conclusions of these studies are consistent with a large body of evidence which now exists on the safety of the MMR vaccine.

'Green book' on the website

The current edition of *Immunisation against Infectious Disease* (1996), known as the 'Green Book' is undergoing major revision and updating and it's hoped that the new edition will be available by summer next year. Meanwhile, the Department of Health has decided to place the 1996 edition, with some updated chapters approved by the JCVI, on the website at www.doh.gov.uk. This will allow health professionals to access updated information as soon as it's approved rather than waiting for the new edition of the book. Anyone requiring the current edition of the book and its updated chapters can get it from the website.

Correction to November's newsletter - SMPRL's telephone number is 201 3836/7 and not 201 3663

Merry Christmas !



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