

- Salmonella in Spanish eggs
- Rabies vaccine
- AIDS (Control) Act Report
- Review of chlamydia testing
- TB in the Lord Darnley
- Low-dose diphtheria
- PHPU letters and alerts now on the web

# GGNHSB PHPU NEWSLETTER

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

Volume 2, Issue 1

January 2003

## Recent outbreaks of salmonella in England

Several recent outbreaks of salmonellosis in England have been linked to eggs and a significant number of the cases were associated with raw shell eggs from Spain.

The Food Standards Agency (FSA) is advising that all Spanish eggs brought into the UK are sent for commercial heat treatment and, in October 2002, it wrote to importers and wholesalers of eggs in the UK informing them of this.

In addition, the FSA has re-issued its advice to food businesses on the use of eggs in dishes that will not be cooked or will only be lightly cooked. Those catering for vulnerable groups (the ill, elderly, babies, toddlers and pregnant women) should use only pasteurised eggs in uncooked or lightly-cooked products. Care must also be taken when handling raw shell eggs as the shell itself might be contaminated with *Salmonella* organisms creating a risk of cross-contamination.

## Rabies vaccine - bat handlers

Following the recent rabies case in Tayside, bat handlers, including those who work *voluntarily* in animal rescue centres, may approach their GPs seeking vaccination. The pre- and post-exposure vaccination regimes are outlined in the 'Green Book' (p. 185) and the vaccine is free on the NHS to the groups of animal-handlers described (p. 184). Having consulted our colleagues at SCIEH, our advice is as follows:

### Pre-exposure regime

Where there is **no** history of an incident in last 2 years (Incident: a bite/scratch or bat saliva/neural tissue having been in direct contact with broken skin, mucous membrane or eyes)

### Post-exposure regime

Where there is a confirmed history of an incident in the last 2 years (or where the handler can't be sure). An individual risk assessment will be required to determine if there is also a need for human rabies-specific immunoglobulin.

GPs can use an ordinary GP10 prescription or order from stock supplies. Please note that people who require it for travel purposes are **not** eligible for free vaccine. For further advice contact us on **201 4917**.

## AIDS (Control) Act Report

GGNHSB has recently approved the 15<sup>th</sup> annual AIDS (Control) Act Report for 2001/02. This report is a statutory requirement of every health board and is published annually for the period March 31<sup>st</sup> to April 1<sup>st</sup>.

The key points of this year's report are as follows:

- **48** new cases of HIV infection were diagnosed
- **20** of these cases resulted from sexual intercourse between men, **22** from heterosexual intercourse, **2** from injecting drugs, **2** from infected mother to child and **2** by other undetermined route
- 01/02 was the first year (since reporting began in 1987) that the highest number of new cases reported (**22**) was in the heterosexual-intercourse group (46% of all new cases)
- there have been **669** cases of HIV infection reported in the GGNHSB area since reporting began (19% of the total reported in Scotland)
- **11** new cases of AIDS were reported (most cases were unaware they had HIV infection until they became seriously ill)
- **5** deaths during 01/02, as compared to **32** in 94/95, reflects the continuing success of the drug treatment known as HAART (highly active anti-retroviral therapy)
- HIV specialist services, provided at the Brownlee Centre by infectious disease (ID) and genito-urinary (GUM) physicians, followed up **364** patients of whom 70% were treated with HAART
- the cost of HIV-related treatment continues to rise and, as more patients are being treated, will go on rising for the foreseeable future
- most patients receiving medical follow-up also receive specialist social work services because of complex needs e.g., poor health *and* co-existing drug misuse

Please note that the full report will be sent to all GPs and is also on the SHOW site

## Review of chlamydia testing

In April 2001, GGNHSB launched a local strategy for the management of genital *Chlamydia trachomatis* infection. The PHPU and West of Scotland Specialist Virology Centre recently conducted a review to consider the strategy's impact on chlamydia testing in North Glasgow.

From the beginning of July 2000 to the end of June 2002, results of all *C trachomatis* detection tests on genital specimens sent to the North Glasgow laboratory from general practitioners (North) and main sexual healthcare providers (genitourinary medicine (GUM) and family planning services) were reviewed.

Specimens sent from all healthcare settings increased by 47% over the review period. Although chlamydia testing in both genders increased, testing activity rose disproportionately in women (105%, compared with a 53% increase in men); the detection rate of *Chlamydia trachomatis* declined over the review period. Most tests were performed in people aged 25 and older but these accounted for a substantially smaller proportion of the positive results obtained. The converse was true for patients under 20 years of age; tests from this group accounted for only 11% of all tests, but 25% of positive results

**We concluded that current chlamydia testing activity in North Glasgow appears insufficiently targeted towards the population at greatest risk of infection (<20 years age-group).** A similar review of testing activity in South Glasgow is planned.

### Recommendations:

- Clinicians should be encouraged to offer testing opportunistically to both men and women in the target age-group
- Unless indicated by the clinical or sexual history, **testing in patients over the age of 25 should not be routinely conducted**
- Clinicians should be aware of the comparable diagnostic performance of first-catch urine and urethral swab samples in male patients
- Imaginative ways should be found to make chlamydia tests more accessible to the under 20s, ideally in a range of non-clinical settings
- This review should be regularly conducted as part of the implementation process of the GGNHSB strategy and should be expanded to include health economic aspects
- Targets for age-specific testing activity should be considered and progress towards improved rates of *Chlamydia* ascertainment regularly monitored

To obtain a copy of the full review please contact Dr Anne Scoular at [anne.scoular@gqhb.scot.nhs.uk](mailto:anne.scoular@gqhb.scot.nhs.uk)

## TB in the Lord Darnley pub and Glasgow hostels

TB normally only spreads through prolonged close contact with someone *infective* with TB. Screening is usually limited to household members, close work colleagues and close friends. However, following the identification of an index case (bar staff) in Spring 2002 screening was extended to regulars at the Lord Darnley pub in Pollokshields. As a result, TB was identified in three regulars and one household contact of a case.

TB liaison nurses have now screened 170 people and genetic typing has confirmed that the same strain of TB links the cases; this strain has not been isolated in any other community cases. Routine follow-up screening and monitoring will continue until public health officials are satisfied that there is no likelihood of further cases emerging.

Unfortunately, two cases (cases 2 and 3) died soon after diagnosis (both within 2 weeks of starting treatment and both from pneumonic illness in addition to TB). While Multi-Drug Resistant TB has not, so far, presented a problem in Scotland, mortality during treatment is estimated to be between 5-10%. This mortality is related to the duration of illness before commencing treatment and co-morbidity. A more accurate estimate of mortality will be provided in 2003 by the introduction of the third stage (Form C) of the Enhanced Surveillance of Mycobacterial Infection (ESMI) (*ref*).

There are around 200 cases of TB in Glasgow every year. Those at particular risk are people with poor general health including regular consumers of large amounts of alcohol and the homeless. For this reason, Glasgow hostels are the subject of continuous targeting by the TB liaison nursing team.

*ref: SCIEH Weekly Report, Volume 36 No. 2002/48*

<http://www.show.scot.nhs.uk/scieh/PDF/pdf2002/0248.pdf>

## Low-dose diphtheria vaccine

Over the last few months there has been a shortage of low-dose diphtheria (d) vaccine although it's hoped that this will soon be rectified. However, if the situation continues and low-dose diphtheria (d) is not available for adults and adolescents who are already fully immunised against tetanus, then the combined Td should be used instead. Please note that if it is *less than three months* since the person's last tetanus vaccine, they should be advised about the increased risk of a localised reaction at the site of injection.

## PHPU letters and alerts now on the web

Please note that all *relevant* letters and alerts issued by the PHPU to primary-care teams, hospital trusts, A&E staff, microbiologists etc. are now on the Show site at the address below. Correspondence dates back to January 02.

[www.show.scot.nhs.uk/gqhsb/Depts/public-health/phpu/letters](http://www.show.scot.nhs.uk/gqhsb/Depts/public-health/phpu/letters)