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GGNHSB PHPU NEWSLETTER

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Rise in Glasgow HIV cases

Recently published data from the Scottish Centre for Infection and Environmental Health (SCIEH) show that the number of newly reported HIV cases in Glasgow is still rising. The cumulative total of new HIV cases from January 1st to September 30th 2003, was 71 with the majority of the new reports among heterosexuals (42), followed by gay/bisexual men (18). There had been no new reports among injecting drug users (IDUs) since 2001, however, in this quarter (Jul-Sep) 2 cases have been reported, indicating that we cannot afford to be complacent with any risk group.

Table 1 below shows the rise in cases since 1998 and the corresponding increase in heterosexual acquisition - now the most common route of transmission. This year Glasgow is likely to record the highest number of cases in over a decade.

One of the recommendations in the recently published 'Recommended Standards for NHS HIV Services' is that HIV testing should become more routine. We would encourage GPs and other clinicians to consider the possibility that some patients might be at risk of HIV, particularly if they have come from countries with high prevalence rates, and think about offering a test or referring to the Brownlee Centre or Sandyford Initiative.

Table 1

Year	Total*	Homosexual transmission	Heterosexual transmission	IDU trans.
1998	34	17	9	7
1999	32	18	6	5
2000	33	18	10	3
2001	41	16	18	4
2002	82	28	45	0
2003	71	18	42	2

* Note : the total includes cases contracted via other routes of transmission not recorded in this table

World AIDS Day is on Monday 1st December 2003 and this year, as last, the theme is tackling prejudice and discrimination around HIV. There will be an all-day event in the St Enoch Centre, the focal point of which is a piece of video art exploring the diversity of people HIV affects. Given the dramatic rise in HIV infection in the city, the slogan 'Glasgow Cares about HIV' has been adopted. The annual secular service in St Mary's Episcopal Cathedral on Great Western Road is open to all and commences at 7.30 p.m.

Pneumovax II vaccine supply

The good response to the winter immunisation programme has resulted in a temporary national shortage of Pneumovax® II vaccine. However, the Scottish Executive Health Department (SEHD) has agreed with the suggestion of the manufacturer (Aventis Pasteur) that it import the identical vaccine from the German market for use in the UK.

Community pharmacists and general practitioners were informed by the PHPU of the Executive's decision on October 24th and advised that orders could be placed, in the usual way, after that date.

The vaccine will be presented in the German language with a copy of the Abridged Prescribing Information in English. Orders should be based on need as the supply is limited. Further stock of the UK licensed Pneumovax® II is expected in January 2004.

Extra BCG clinics

During the next few months, extra BCG clinics are being arranged to reduce the waiting list for child BCG-immunisation that occurred as a result of vaccine shortage last year. The PHPU is now inviting children, for whom vaccine was not available last year, to attend either William Street or the Southbank Centre for BCG. Appointment letters are being sent only to the parents/guardians of those children on the waiting list.

Please note that if a baby requires BCG, the health visitor should contact the Southbank Centre on 201 0914.

Latex-free 'flu vaccine

The PHPU has been advised that only one of the influenza vaccines, Influxac® (Solvay), manufactured for the 03/04 campaign is latex-free.

With the other 'flu vaccines, latex has been either used at some point in the manufacturing process or has been incorporated into the vial, syringe or needle.

Patients may not be aware of the risk of latex exposure when they present for 'flu vaccination so staff are reminded to check if a person has a latex allergy. We have also been assured that the Pneumovax® II vaccine, presented in the needle-free pack, does not contain latex. Call Margaret Johnston, PHPU, on 201 4824 (Mon & Fri only) for more information.

Meningococcal season

As we approach winter, influenza notifications usually rise with an associated rise in reports of meningococcal disease. Where meningococcal disease is suspected, GPs should administer a single IV/IM dose of benzylpenicillin whilst arranging the patient's rapid admission to hospital. This is the official recommendation of the DOH's Chief Medical Officer.

Benzylpenicillin dosage

Adults or children aged 10 years or over: 1.2g

Children 1-9 years: 600 mg.

Children under 1 year: 300 mg.

Benzylpenicillin should only be withheld if there is a known history of anaphylaxis following previous penicillin administration, however, GPs do not need to carry an alternative antibiotic¹.

¹Communicable Disease and Public Health, Vol 5, No 3 (187-204) Sept 2002

Notification

Hospital medical staff should notify the PHPU of a suspected case of meningococcal disease, without waiting for microbiological confirmation, as soon as possible following the patient's admission.

Role of public health

The role of public health in the management of meningococcal disease is to ensure adequate disease-prevention, by way of vaccination programmes, disease surveillance, and the prevention of secondary spread by organising chemoprophylaxis for all close contacts of cases.

Chemoprophylaxis

The aim of prophylaxis is to reduce the risk of invasive disease by eliminating throat carriage of the meningococcus from close contacts. This is thought to work in 2 ways:

- eradicating carriage from established carriers who pose a risk of infection to others
- eradicating carriage from those who have newly acquired the invasive strain and who may themselves be at risk of invasive disease

Rifampicin, licensed for this purpose, is given to the close contacts i.e. those in the same household as the index case and any intimate kissing contacts. However, if there are linked cases at institutions such as universities, nurseries or schools, wider prophylactic cover may be recommended. Please note that prophylaxis is not always effective in preventing secondary cases so close contacts should also receive information on the signs and symptoms of the disease.

Rifampicin dosage (twice daily for 2 days)

Adults and children over 12 years: 600mg

Children 1-12 years: 10mg/kg body weight

Infants under 12 months: 5 mg/kg body weight

Antenatal lab-request forms

In July of this year, HIV was added to the antenatal infectious diseases screening programme, which led to changes in some of the existing systems and paperwork. A new antenatal laboratory-request form was introduced and training was provided to all midwives involved in booking-visits. Our understanding was that antenatal care was midwife-led and as GPs did not carry out booking-visits, and consequently did not offer infectious diseases screening to pregnant women, they were not involved in the training.

However, the Regional Virus Laboratory has informed us that since this time it has received pink rubella request forms from GPs marked as 'antenatal screen' tests.

The PHPU is anxious to ensure that if some women are receiving antenatal screening in general practice as part of antenatal care, the correct procedures are followed and that **all four** screening tests, including HIV, are offered. In addition, for the purposes of monitoring and audit, the new antenatal request form should be completed. It is important that the same standards are in place for all women wherever the antenatal screen is being carried out.

Please note that when women are tested for rubella for reasons other than antenatal screening (e.g. pre-pregnancy, occupational health, new patient checks), 'antenatal screen' should **not** be circled on the request form as it this leads to confusion when the sample reaches the laboratory.

For further information and copies of the new antenatal lab-request form contact Louise Carroll (Research and Development Officer for Bloodborne Viruses, PHPU), by e-mail at louise.carroll@gghb.scot.nhs.uk or call 201 4640

Hib and pre-school booster

From 2nd June 2003, all children aged from 6 months to 4 years on 1st April 2003 should have been invited to receive an extra dose of Hib. For some older children this may coincide with their pre-school booster. **Please note that the DTwP-Hib vaccine should not be used in such cases.** Pre-school children who also require Hib should be offered DtaP, Hib, MMR booster and OPV. This means that the child requires 3 injections of vaccine which can be given at the same time but in different sites.

The national Hib booster uptake-rates have recently been made available to all health boards in Scotland. In Greater Glasgow, the number of children born between April 99 and April 03 who were targeted for Hib booster was 36,045. To date, 54 % (19,553) have been vaccinated compared to the national average of 57%. However, this figure may increase as there is still a number of children yet to be invited for vaccination.

Contact Marie Laurie on 201 4933, or by e-mail marie.laurie@gghb.scot.nhs.uk, if you would like to comment on any aspect of this newsletter.