

# GGNHSB PHPU NEWSLETTER



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[www.show.scot.nhs.uk/ggnhsb/Depts/public\\_health/phpu/pubs+reps](http://www.show.scot.nhs.uk/ggnhsb/Depts/public_health/phpu/pubs+reps) (Tel 201 4917)

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## Flu update

As you are no doubt aware, flu activity in the UK has started earlier than usual this season. Activity is at higher levels in terms of both clinical and laboratory reports compared with recent years (all of which were considered mild for flu activity). In Glasgow, the consultation rate for flu-like illness rose from a rate of 91 per 100,000 during week 45 (week ending 09/11/03) to a rate of 113 per 100,000 during week 46 (week ending 16/11/03). The rate of increase has slowed but remains above baseline levels and within the range considered normal seasonal activity (50 - 600 per 100,000 population).

Anecdotal reports suggest that some children, subsequently diagnosed with flu, are severely unwell and may present with atypical symptoms e.g. diarrhoea and vomiting as the principal features with accompanying cough.

However, for the great majority of children and adults, flu is not life-threatening, however unpleasant it may be. Immunisation policy is decided by UK Health Departments, taking advice from the Joint Committee on Vaccination and Immunisation (JCVI). Currently the JCVI position is that selective immunisation is recommended to protect those who are most at risk of serious illness or death should they develop influenza. The vaccine is therefore targeted at those most in need and for whom it will be most effective.

GPs are reminded that in addition to the sliding scale of payments for immunising patients aged over 65 years, item-of-service (IOS) payments are paid for immunising patients aged between 6 months and 65 years in the defined at-risk groups (chronic respiratory disease including asthma, chronic heart disease, chronic renal disease, immunosuppression due to disease or treatment and diabetes mellitus).

Patients and parents should be reminded that information and advice about flu is contained in the SEHD leaflet, "Don't let the flu bug bite", which gives the indications for flu vaccination and general information on what to do if you get flu. The text of this leaflet is available at:

[http://www.scotland.gov.uk/health/flu\\_pneumococcal](http://www.scotland.gov.uk/health/flu_pneumococcal)

## Let's talk turkey

We continue to get frequent reports of foodborne infections including those caused by salmonella and campylobacter. In the GGNHSB area, food-safety officers from local environmental health departments investigate all confirmed cases (with the exception of campylobacter infections). Most of these infections are sporadic and many are attributed to undercooked meat or poultry prepared at home.

To ensure a trouble-free festive time, the PHPU advises you follow these basic food-preparation steps:

- Always keep raw and cooked meats and poultry separately
- Clean ALL surfaces and utensils thoroughly following food preparation
- Store raw meat and poultry in a covered container at the bottom of the fridge
- Keep the fridge temperature between 0° - 4°C
- Thoroughly defrost frozen meat and poultry before cooking (check defrosting instructions on the wrapper)
- Cook meat and poultry thoroughly until juices run clear
- NEVER eat raw eggs
- Wash salads, fruit and vegetables in clean, running water
- Wash hands BEFORE and AFTER food preparation

## Refrigeration of vaccines

The PHPU takes this opportunity to remind all GP practices and Child Health Clinics to regularly monitor the temperature of the refrigerators in which vaccines are stored. Leverndale PCT pharmacy has produced an advisory document, 'Procedures for Monitoring Fridge Temperatures', which most practices should already have. Over the next month or so, the PCT pharmacy plans to re-issue this document with all vaccine supplies to practices. If your practice/clinic does not receive a copy with its next vaccine supply then contact:

Karen Pawelczyk (PCT Pharmacy) on 211 6673 or by fax on 211 6672

We also stress the importance of proper stock-rotation as vaccines often have a short shelf-life and expiry dates must not be exceeded.

## New leaflets on Hep C & HIV

Two new information booklets on bloodborne viruses - 'HIV - the facts' and 'Hepatitis C' - are now available from NHS Greater Glasgow. Both are aimed at the general population and each provides broad information on what the virus is, how it is passed on, methods of prevention and testing, and a section on where to go for further information and advice.



Copies can be obtained from the Health Promotion Department, Public Education Resource Library, using the standard health promotion order form, or by calling 201 4914/4915.

## Decontamination of devices

The NHSScotland Property & Environment Forum has published a guidance document entitled "Decontamination - Cleaning, Disinfection & Sterilization". It is intended for healthcare professionals who use medical devices (including surgical instruments) and those who are responsible for the decontamination of reusable devices. General advice is given on the responsibilities of individuals, current statutory and mandatory requirements and good-practice guidance.

View it on-line at [www.show.scot.nhs.uk/pef](http://www.show.scot.nhs.uk/pef) - click on 'Guest Site' - click on 'Decontamination' in the left hand side - click on 'General User Information'.

## What caused SARS?

The results of an investigation of the epidemiology and cause of Severe Acute Respiratory Syndrome (SARS) in Guangdong, People's Republic of China, have recently been published in *The Lancet* (vol.362, issue 9393, p.1353-8). Research workers based at several institutions in Guangzhou province and at the University of Hong Kong have concluded that SARS probably first emerged in the satellite cities of Guangzhou in mid-November 2002, circulating for at least 2 months before causing a major outbreak in Guangzhou itself.

The authors studied 55 patients from Guangzhou and neighbouring cities in the early phase of the SARS outbreak. Findings show that most of the patients had serological evidence of infection with the novel SARS CoV, while healthy controls did not. Because most people who had SARS in other countries were directly or indirectly linked to Hong Kong or Guangdong province, the authors believe that the coronavirus originated in this region. Furthermore, since specific antibodies were not present in any serum samples from healthy controls, they concluded that this coronavirus has not previously been present in human beings in Guangdong. Thus, SARS, a new emerging infectious disease, has become the first pandemic of the 21<sup>st</sup> Century. The SARS outbreak provides evidence to support the hypothesis that southern China could be a site for emerging pandemic infectious diseases in the future.

<http://www.thelancet.com/journal/vol362/iss9393>

## Tetanus in injecting drug users

The PHPU recently alerted all GPs and other relevant clinicians to a cluster of tetanus cases among injecting drug users (IDUs) in the west of England. Since July 2003, seven cases of tetanus have been reported and, of these, six were reported in the first three weeks of November. The cases, four females and three males, are aged between 20 and 47 years of age. One case (female) presented with trismus (lockjaw) to A&E but unfortunately died later of a respiratory arrest. Most tetanus cases are clinically diagnosed, with only 14% of 175 cases between 1984 and 2000 being microbiologically confirmed. Considering that six of these cases were reported in November, and the fairly widespread geographical distribution, more cases of tetanus in IDUs are expected. Increased awareness is therefore extremely important.

Tetanus in IDUs has rarely been reported in the UK, in contrast to the US where IDUs accounted for between 15% and 18% of cases between 1995-2000. Only 2 of the 175 tetanus cases identified in England and Wales through enhanced surveillance between 1984 and 2000 were known to be IDUs. Both of these cases had multiple skin lesions at needle-puncture sites. Potential sources for tetanus infection in IDUs are contaminated drugs, injecting paraphernalia and contaminated skin. The close clustering of recent cases suggests contamination of either the drug itself or an adulterant. Intramuscular and subcutaneous injecting in particular is associated with tetanus in IDUs

The vaccination status of each of the recent UK cases is not yet available. However, vaccination coverage in the UK has been good for many years (80-96% of 2-year-olds completing a primary course since 1979) and most clinical cases would be expected to have received some vaccination in the past. Even fully vaccinated individuals require additional protection through tetanus immunoglobulin for wounds that are tetanus-prone because they are heavily contaminated or are puncture wounds.

Most diagnoses of tetanus are made on clinical grounds alone, and early recognition and treatment with wound debridement, metronidazole, and tetanus immunoglobulin, can be life-saving. It is important that IDUs, drug workers and clinicians are aware of early symptoms. Clinicians in A&E, microbiologists, general physicians and intensive-care staff should have a low threshold for considering a diagnosis of tetanus in injecting drug users.

In 2000, an outbreak of serious illness and death among IDUs in Scotland, Ireland, and England, associated with *Clostridium novyi* infection, involved a particular supply of heroin and a particular method of preparation and injection (subcutaneous and/or intramuscular injection). Female IDUs were shown to be at increased risk, possibly due to the higher prevalence of subcutaneous or intramuscular injection.

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