

GGNHSB PHPU NEWSLETTER



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www.show.scot.nhs.uk/ggnhsb/Depts/public_health/phpu/pubs+reps (tel: 201 4917)

Volume 3 Issue 2

February 2004

Mumps outbreak in Glasgow

Since December 2003, there has been an upsurge in cases of mumps being notified to the PHPU. To date, 71 cases have been notified and of these 13 are laboratory-confirmed. Cases are from all parts of Glasgow and the main age group affected is 16-24-year-olds. People of this age are particularly susceptible to mumps infection as mumps vaccine was not given routinely before the introduction of the MMR vaccine in 1988 (MR vaccine offered in 1994 to all schoolchildren did not contain the mumps component). Outbreaks of mumps, also affecting this age group, have been reported in other parts of the United Kingdom.

All suspected cases of mumps should be notified directly to the PHPU as swiftly as possible to assist in our surveillance of the situation. On notifying cases to our department, GPs will be offered a salivary-testing kit which is easy to use and includes a pre-paid label and package for you to send the specimen to the Health Protection Agency (HPA) laboratory based at Colindale, London for testing. The result is sent directly to the GP with a copy to this department.

GPs are therefore asked to check the immunisation history of any young adult in the 16-24-year-old age group who happens to present to them, and those who have not received MMR vaccine should be offered it. Vaccination is particularly important for young adults who attend college, university or other centres for further education. Please note that MMR II and Priorix are now licensed for this age group and that GPs can claim an item-of-service (IoS) fee.

It should be emphasised that GPs are not expected to routinely call all patients in this age group for MMR vaccination.

The Purple Book

The PHPU has received requests from nurses for copies of the 'UK Guidance on Best Practice in Vaccine Administration', or 'The Purple Book' as it is known. This is a useful guide for staff who administer vaccines.

The address to write to for free copies of the book is:

Vaccine Administration Taskforce
Shire Hall Communications
PO Box 31580
London W11 4YZ

AIDS annual report 02/03

GGNHSB has recently approved the 16th annual AIDS (Control) Act Report for 2002-2003. This report is a statutory requirement of every health board and is published annually for the period March 31st to April 1st

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

- **85** new cases of HIV infection were diagnosed
- **28** of these cases resulted from sexual intercourse between men, **47** from heterosexual intercourse, **3** from infected mother to child, none from injecting drug use and **7** from other or undetermined routes.
- Diagnosing HIV in the mother before birth enables interventions that can prevent infection in the baby. Antenatal HIV testing has been offered to all women receiving antenatal care in Glasgow since July 2003.
- As last year, heterosexuals have the highest number of cases of any group - **55%** of the total new cases reported.
- There have been **753** cases of HIV infection reported in the GGNHSB area since reporting began.
- **24** new cases of AIDS were reported. Of these, approximately half were unaware of their HIV infection until they became seriously ill and received a concomitant diagnosis of HIV and AIDS.
- **6** deaths during 02/03 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 both infectious diseases and genito-urinary physicians, followed up **442** patients of whom **70%** were on treatment
- The cost of HIV-related treatment was nearly £2 million in the reporting year. As the number of patients being treated is expected to continue to increase so is the cost of drug treatment for the foreseeable future.
- The main targeted prevention-measures continue to focus on reducing transmission between men who have sex with men and drug injectors. Prevention of heterosexual transmission is addressed through the improvement in generic sexual health and family planning services.

Re-emergence of SARS

China and WHO confirmed a SARS case in Guangdong Province on the 5th Jan 2004. Results from laboratory tests led the Ministry of Health of China and the World Health Organization (WHO) to upgrade the suspected SARS case in southern China to a laboratory-confirmed case.

Since then, two other cases have been recorded. A 20-year-old waitress in Guangzhou became the second confirmed SARS case and a 35-year-old man in Guangdong, the third suspected case.

The Oriental Daily newspaper reported that the third case, with symptoms of SARS, was admitted to hospital No. 8 in Guangzhou (administrative centre Guangdong). The first patient, who recuperated after the spring-summer 2003 epidemic, recently left that hospital, while the 20-year-old waitress whose diagnosis has been confirmed is still in the hospital.

Immunisation seminars 2004

The PHPU is organising two lunchtime seminars to update colleagues in the primary care team on various immunisation issues. A full programme and venue details will be made available to relevant staff soon.

Friday 26th March 12.00pm to 2.30pm

Friday 2nd April 12.00pm to 2.30pm

Please note that a buffet lunch will be provided

Change of MMR calling date

You will be aware that the first dose of the MMR vaccine is recommended between the age of 12 and 15 months. However, although most health boards in Scotland call children at the age of 13 months, GGNHSB calls children at the age of 15 months. In keeping, therefore, with the majority of health boards in Scotland, GGNHSB will change its calling date for MMR to 13 months with immediate effect. This is for your information only, as children will be automatically scheduled at 13 months by the Scottish Immunisation Recall System [SIRS].

S.pneumoniae antibody profile

The Scottish Meningococcus and Pneumococcus Reference Laboratory (SMPRL) withdrew routine pneumococcal antibody-profile testing for at-risk patients (pre and post pneumococcal polysaccharide immunisation) on 31st December 2003. **The UK consensus on testing of pneumococcal antibody levels prior to re-vaccination is that it is not required.** However, in specific circumstances, such as patients with previous history of adverse reaction to pneumococcal polysaccharide vaccine, antibody level measurements may be provided by the SMPRL at the request of the clinicians and after prior discussion with Dr Stuart Clarke, Director. The SMPRL can be contacted on 201 3836 and further information is available at: www.show.scot.nhs.uk/smprl

Avian 'flu in South East Asia

Avian 'flu is caused by influenza virus type A and infects many animal species. Wild birds are the main natural reservoir and probably the source of infection for other animals. In Asian countries, live-poultry markets are a breeding ground for avian influenza. The first cases in this recent outbreak were observed in Vietnam where 5 people are known to have died so far. Other countries affected are Japan, Thailand, South Korea, Taiwan, Laos, Cambodia, Indonesia and China. In 1997, 18 people in Hong Kong were infected with H5N1 avian influenza, and 6 died. This was the first documented transmission of H5N1 influenza to human beings.

The H5N1 strain is known to be highly unstable and susceptible to antigenic drift (characterised by constant small changes in the virus making immune recognition difficult) and antigenic shift which is uncommon and consists of a sudden large change in the structure of the virus giving it the potential to cause a very serious human pandemic.

At present only animal-to-human transmission has been documented. The principal fear of experts, as expressed in the recent edition of the Lancet (see below), is that the H5N1 strain might re-assort with a human influenza virus to become transmissible from human to human. Vaccine for the H5N1 strain is not an option by conventional production methods. In addition, influenza is much more contagious than SARS as it is airborne, so control measures used with SARS probably would be of little use if such an outbreak occurred.

The World Health Organisation, the US Centres for Disease Control and Prevention, and other large expert organisations have moved swiftly to give support and assistance to the countries affected. Chickens from Thailand, one of the world's largest chicken exporters, have been banned by the European Union. At present, the British Foreign Office has not advised any travel restrictions but it does suggest that travellers to these countries stay away from poultry, including poultry markets and farms. *Ref: Editorial, (2004), Avian influenza: the threat looms, The Lancet, Vol 363, Number 9405, p257*

Varicella vaccination for HCWs

In accordance with the advice of the Joint Committee on Vaccination and Immunisation (JCVI), the Scottish Executive is recommending varicella immunisation for healthcare workers (HCWs). This recommendation covers non-immune HCWs in primary care and hospitals who have direct patient contact. Within that group, staff with a negative or uncertain history of chickenpox or herpes zoster will be serologically tested and those without the varicella zoster antibody will be offered vaccine. Occupational Health will implement the vaccination programme and information leaflets will be sent to GP practices and NHS Boards for distribution to HCWs. There is a new varicella chapter in the on-line 'Green Book' at www.doh.gov.uk/greenbook

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.