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# GGNHSB PHPU NEWSLETTER

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## Blood donation and vCJD

The Chief Medical Officer recently wrote to all health boards and medical directors about the deferral of donors who have received a blood transfusion in the UK after 1980. This additional donor selection criterion will be implemented by all four of the UK Blood Services, including the Scottish National Blood Transfusion Service (SNBTS) on 5th April 2004.

This is a further precautionary measure against the possible risk of variant Creutzfeldt-Jakob Disease (vCJD) being transmitted by blood and blood components. It comes in the light of the first possible transmission of vCJD by blood transfusions reported in December 2003.

**It must be stressed that this is an entirely precautionary measure.** Since 1997, SNBTS has put in place a number of other measures against the possible risk of transmission of vCJD. This additional measure will further reduce the risk of a potential onward cycle of transmission through transfusion.

Donors, indeed anyone who has been transfused, should not be alarmed by this measure. This is only a precautionary step in the continuing drive to make blood transfusion even safer. The benefit of receiving a blood transfusion when needed far outweighs the possibility of contracting vCJD. ref: SEHD/CMO(2004) 5

<http://www.show.scot.nhs.uk/sehd/cmo/>

## The Purple Book

'The Purple Book', UK Guidance on Best Practice in Vaccine Administration, was recommended in February's newsletter as a useful guide for staff who administer vaccine. Please note that it should be used *in conjunction* with the 'Green Book' and not as a replacement. The 'Green Book' remains the definitive guide on immunisation.

## Sorry, wrong number!

The wrong telephone number was printed in the article '**BCG clinics-new arrangements**' in last month's newsletter. The number to call to arrange BCGs for 'at risk' babies and pre-school children is **201 4518**. Please note that the school health service is responsible for arranging BCGs, including catch-ups, for children who attend school.

## *E. coli* O157 - new guidance

There are approximately 250 cases of *E. coli* O157 infection in Scotland each year. This is the highest rate in the UK and although numbers are small, infection can be severe especially in the very young and elderly.

In September 2000, the *E. coli* O157 Task Force was formed under the sponsorship of the Scottish Executive Health Department (SEHD) and the Food Standards Agency (FSA). It published its report in June 2001 and the FSA/SEHD accepted most of its 105 recommendations. In view of this, the SEHD invited the Scottish Infection Standard and Strategy group (SISS), to set up a working group to develop guidance relating to the management of patients with known or suspected *E. coli* O157 infection.

Scottish health boards have been asked to ensure that this guidance is available and disseminated to all staff groups (hospital clinicians (adult and paediatric), microbiologists/laboratory staff, GPs, public health consultants, senior nurse managers) who might be involved in the diagnosis and management of a patient with *E. coli* O157 infection. Senior clinicians/team leaders in the above groups are asked to make all relevant staff within their departments aware of this guidance.

The full guidance document is available on-line:

[www.rcpe.ac.uk/publications/articles/journal\\_34\\_1/E\\_coli\\_O157.pdf](http://www.rcpe.ac.uk/publications/articles/journal_34_1/E_coli_O157.pdf)

## GGNHSB vaccine-uptake rates

The GGNHSB primary immunisation uptake rates for January - December 2003 are outlined below. Comparison can be made with the national figures.

Area	D/T	P	Polio	Hib	MenC	MMR
<b>Primary immunisation uptake rates at 12 months</b>						
GGNHSB	95.3	95.2	95.2	95.1	95	
Scotland	95.4	95.1	95.3	95.1	94.3	
<b>Primary immunisation uptake rates at 24 months</b>						
GGNHSB	96.9	96.6	96.9	96.3	96.9	86
Scotland	97.6	97.3	97.6	97.2	96.3	86.8

## Chlamydia testing in Glasgow

In April 2001, Glasgow launched its local strategy for testing and management of genital *Chlamydia trachomatis* infection. The strategy outlined who should be tested and made recommendations on sampling, laboratory testing, treatment and partner notification. Since then, monitoring of testing activity across Glasgow has been regularly conducted.

From the beginning of July 2000 to the end of December 2003, testing increased by 84%, predominantly within general practice, genito-urinary medicine (GUM) and family planning clinic settings. Although the absolute increase in testing activity was much greater in women, the proportionate increase was similar in both genders (100% in men and 83.2% in women). Testing rate in men is low and conducted largely in GUM settings.

Overall, the detection rate of *C. trachomatis* showed no change during the review period. Rates were substantially higher in GUM clinics compared to other settings. Within GUM and family planning clinic settings, there was a modest rise in the detection rate during the review period; within GP settings there was no overall change while in settings categorised as "other" (predominantly hospital outpatient clinics), there was a small decline in detection rate.

Comparison of the time periods, July to December 2000 with July to December 2003, shows a small improvement in the targeting of testing towards younger women. In the time period July to December 2000, 65.1% of testing in women was in those aged 25 and over (i.e. outwith the targeted age group); this age group was responsible for a minority (35%) of positive results. This contrasted with women under 20 years of age; although this age group accounted for only 10.8% of total testing activity, 26.6% of all positive results in women were in the under-20s. However, in the period July to December 2003, there was some evidence of an improvement; women under 20 years of age accounted for 15.0% of total testing activity (and 31.8% of the positive results); and women aged 25 and over represented just over half of testing activity (57.3%).

### Key points

- although more testing is taking place in Glasgow, over half of tests continue to be performed in women older than the age group recommended for opportunistic screening
- women aged 25 or older should only be tested if they have clinical symptoms suggestive of genital chlamydial infection
- genital samples for chlamydia testing require appropriate swabs and transport media. Further advice is available from the West of Scotland Specialist Virology Centre (211 0080) or the Southern General Hospital's bacteriology lab. (201 1703)

- first-catch urine is an appropriate sample for chlamydia detection in both men and women
- partner notification is **key** to preventing re-infection; in women, re-infection is directly associated with an increased risk of subsequent tubal infertility. Further advice on and/or support with partner notification is available from the Sandyford Shared Care Initiative (0141 211 8639; Mon-Fri 09.00 to 16.00)

A more detailed report is available on request from Dr Anne Scoular at: [anne.scoular@gghb.scot.nhs.uk](mailto:anne.scoular@gghb.scot.nhs.uk).

For copies of both the GGNHSB protocol on management of *Chlamydia trachomatis* infection and GGNHSB guideline cards, call 201 4917. Patient information leaflets can be obtained from GGNHSB Health Promotion Dept (201 4915)

## MMR regime for young adults

Please note that *ideally* the MMR immunisation regime for young adults, aged 16-24 years, being targeted during the current mumps outbreak, is 2 doses of MMR, 3 months apart (minimum 1 month apart). Unless the patient has a confirmed history of mumps-containing vaccine in the past, in which case 1 MMR is sufficient, GPs should aim to give 2 doses. However, 1 dose of MMR will provide around 90% protection against mumps (2 doses over 98%) so the approach to this should be pragmatic; 1 dose is good enough, 2 doses ideal.

## Pneumococcal vaccine regime

GPs and hospital physicians are reminded of the dose regime for 'at risk' children **under 2 years of age** who require vaccination against pneumococcal disease. The conjugate vaccine **Prevenar** is used for this age group.

Age group	Dose regime	Booster
2-6 months	3 doses, 1 month apart	2 <sup>nd</sup> year of life
7-11 months	2 doses, 1 month apart	2 <sup>nd</sup> year of life
1-2 years	2 doses, 2 months apart	Not required

The 'at risk' groups<sup>1,2</sup> are defined below:

- asplenia or severe dysfunction of the spleen, including homozygous sickle cell disease and coeliac syndrome
- chronic renal disease or nephrotic syndrome
- immunodeficiency or immunosuppression due to disease or treatment, including HIV infection at all stages
- chronic heart disease
- chronic lung disease
- chronic liver disease including cirrhosis
- diabetes mellitus

<sup>1</sup>Green Book paragraph 25.3.1 p 168,

<sup>2</sup>CMO (2002)1 (letter) <http://www.show.scot.nhs.uk/sehd/cmo/>

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 201 4933 or at [marie.laurie@gghb.scot.nhs.uk](mailto:marie.laurie@gghb.scot.nhs.uk)