GGNHSB PHPU NEWSLETTER

www.nhsgg.org.uk (TEL: 0141 201 4917/FAX:0141 201 4950)

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INSIDE THIS ISSUE

MMR – new book for parents

Dr Michael Fitzpatrick is a general practitioner based in Hackney in London who has a 12 year-old autistic son with learning difficulties. He has written a new book called "MMR and Autism: What parents need to know." Dr Fitzpatrick is resolute in insisting that despite the emotional trauma that surrounds being a parent of an autistic child, the MMR – autism theory is totally without foundation. He believes such a "link" is based on junk science, which unfortunately is readily available on the internet and is more accessible than quality science (which requires understanding of critical assessment and validation). His view of the 1998 Wakefield paper is unequivocal, "I could not believe that such an insubstantial and speculative report could have such an impact" he states, and goes on, "…it did not provide any evidence of a link between MMR and autism. All it reported was the conviction of the parents of 8 of the 12 children in the study that such a link existed."

Dr Fitzpatrick felt compelled to write this book not only to reassure parents of the safety of the MMR vaccine, but also to explore the political dimensions of medical scare stories. He is gravely concerned that the vociferous anti-MMR campaign has misguided parents and led to unnecessary suffering and anxiety. The central irony is that the anti-MMR campaign has been "very successful in the media and one of its great successes has been to depict itself as being victimised and intimidated". He believes the very opposite is true in that it is those who have looked at the evidence and supported the vaccine that have been abused and vilified.

His view of Dr Wakefield, who has gained heroic status from the vocal minority of anti-MMR campaigners, is scathing, "in the world of scientific research, you cannot expect people to finance your research if you cannot substantiate your hypothesis. It's not so much that Wakefield has been victimised as that he's a casualty of his own dogmatic refusal to recognise reality". Despite constantly claiming that proof of such a link is just around the corner, Dr Wakefield, amidst his constantly shifting hypotheses, has never delivered any credible evidence to support his stance. In contrast, powerful research evidence against any links between MMR and autism has mounted up from around the world.

"The striking thing is that Wakefield is almost universally regarded by serious scientists as someone whose work cannot be taken seriously. Yet he seems to have been very persuasive to some journalists who have given him a remarkable degree of influence."

Those who accuse Dr Fitzpatrick of being a government apologist fail to understand his background as he does not back government officialdom easily. He has been a high-profile critic of much of established health policy thinking in the past, which is plainly extolled in this book. His central theme is that the government has only itself to blame for creating the climate of such scares, particularly in the 1990s, amidst "a popular mood of risk aversion and a culture of litigation". An atmosphere of fear in regard to the MMR vaccine has chiefly consisted of unwarranted notions of conspiracy and corruption at the highest levels. He strongly opposes absurd immunisation claims, unproven cures and alternative "single vaccine" proponents, many of whom he feels exploit and financially profit from the emotional vulnerability of parents of autistic children and the wider public.

MMR and Autism : What parents need to know by Dr Michael Fitzpatrick Routledge Publishers, June 2004

Inactivated polio vaccine

A licensed inactivated polio vaccine has been produced by Aventis Pasteur to replace the unlicensed vaccine currently issued by the national holding centres (Leverndale hospital pharmacy for NHS Greater Glasgow) As this is a licensed product there is no requirement to order on a "named patient" basis.

There is no change to the indications of use (see Green Book section 26.6) and the live oral polio vaccine remains the recommended vaccine for routine child and adult immunisation.

Orders for the new vaccine should be submitted to Leverndale pharmacy on the pre-printed forms (without the inclusion of patient's name) and should relate to immediate requirements; there should be no stockholding within surgeries. Imovax , the unlicensed product, should no longer be used and any remaining stock returned to Leverndale pharmacy.

Oral cholera vaccine

Chiron Vaccines Evans has announced that its oral cholera vaccine (Dukoral) is now licensed and available. This vaccine offers greater protection than the previous injection-only form.

The World Health Organization (WHO) continues to advise that there is no significant risk of cholera infection for most travellers even in countries where epidemics occur and that sensible selection of clean drinking water and food should be the priority. WHO states that vaccination is unnecessary in all but exceptional cases and stresses that emergency relief workers are amongst those most at risk.

Meningococcal disease

A systematic review on the use of antibiotics in preventing meningococcal disease after a single case was recently published in the BMJ[1]. The authors included all studies with at least 10 cases in which outcomes were compared between treated and untreated groups.

Meta-analysis of studies on chemoprophylaxis given to household contacts showed a significant reduction in risk (risk ratio 0.11). This ratio implies that chemoprophylaxis given to household contacts after a case of meningococcal disease reduces the risk of subsequent cases by 89%. The number needed to treat to prevent a case was estimated at 218.

Index cases who did not receive prophylaxis prior to discharge were found to have a rate of carriage estimated at 3%. This was thought to be an underestimate of the true rate.

The authors conclude that chemoprophylaxis should be recommended for the index case before hospital discharge and all household contacts. Index cases already treated with a '3rd generation' cephalosporin do not require chemoprophylaxis as these antibiotics also eradicate carriage.

[1] BMJ 2004;**328**:1339-1342

Immunisation-update seminars

Please note that the immunisation-update seminars postponed earlier in the year will now take place on Monday 23rd August and Tuesday 31st August in the Walton Suite, SGH. A buffet lunch will be available from 11.45am with lectures from 12.15pm until 2.30pm.

A full programme (with attached booking-slip indicating date preference) has been sent to all relevant primary care staff. Interested staff who have not received a programme should call the PHPU on 201 4917 to book a place.

Flu-vaccine uptake in 2003

The GGNHSB flu-vaccine uptake rates in 2003 (>65yrs) have recently become available. The table below summarises the range of uptake rates in GP practices in each LHCC and gives the range and average uptake rates in the GGNHSB area and Scotland as a whole.

Flu-vaccine uptake in >65yrs by LHCC

LHCC	>65yrs population	Range of uptake (%)	Average uptake (%)
Anniesland	7781	71 - 81.1	75.7
Bridgeton	4187	42 - 82.5	58.4
Camglen	8793	61.4 – 76.7	72.1
Clydebank	7086	37.2 – 76.7	63
Dennistoun	4743	58.2 – 88.3	68.6
Drumchapel	2249	59.6 – 75.3	67.2
Eastern Glasgow	16686	49 - 92.1	70.4
Eastwood	10102	61.1 – 84.6	73.1
Glekin	660	48.3	48.3
Greater Shawlands	9763	43.2 – 83.1	70.1
Maryhill	6363	42.1 – 74.4	63.6
North Glasgow	8037	50.3 – 78.1	61.9
Riverside	7881	38.4 – 91.5	74.0
SE Glasgow	11553	25 - 87.2	66.7
SW Glasgow	14677	50.4 – 80.7	74
Strathkelvin	9999	60.4 – 81.1	70.2
Westone	5226	60.4 – 81.6	69.5
No LHCC assigned	2353	29.3 – 71.9	55.9
GGNHSB		**25 - 92.1**	**68.3**
SCOTLAND		**61.5 – 75.8**	**71.1**

The practice with the greatest uptake rate (92.1%) is in Eastern Glasgow and has a patient-list population of which 71% are in deprivation categories 6 and 7. The lowest uptake (25%) is in a practice in S.E. Glasgow with a patient-list population of which 73.3% are in categories 6 and 7.

93 practices in GGNHSB had uptake rates below the Glasgow average and 116 practices were below the Scottish average.

Uptake rates in patients under 65 yrs. who are considered at risk to complications resulting from influenza are not available for comparison.

The PHPU meets regularly with LHCC managers and at the next meeting there are plans to discuss how these uptake rates might be improved.

If you would like to comment on any aspect of this newsletter, please contact Marie Laurie on 201 4933 or at marie.laurite@gghb.scot.nhs.uk