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GGNHSB PHPU NEWSLETTER

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Glasgow HIV cases still rising

Recently published data from SCIEH (Scottish Centre for Infection and Environmental Health) show that the number of newly reported HIV cases in Scotland is still rising. The cumulative total of new HIV cases from January 1st to 30th June 2004 is 169. If the trend continues throughout the remainder of 2004, the annual total is likely to be greater than any reported since 1987 when the HIV virus was at its peak and before the introduction of highly active anti-retroviral therapy (HAART).

This trend is mirrored in the figures for Glasgow, with 53 newly reported cases during the same period. This is more than half the total annual figure for 2003, when there were 93 newly diagnosed cases. As has been the case for the last few years, the majority of the new reports are amongst heterosexual women and men (29) and gay/bisexual men (17)¹. Most of the heterosexual cases were acquired abroad, mainly in sub-Saharan Africa. There have been no new reports among injecting drug users (IDUs) so far in 2004, underlining that sexual transmission is the main route of acquiring the infection.

New cases of HIV infection in GGNHSB area by risk category (1991-2004)

Year	Total ²	Male/male sex	Male/female sex	IDU
1991	24	10	3	8
1992	28	17	4	6
1993	52	31	8	13
1994	26	17	3	4
1995	47	23	13	9
1996	34	16	10	7
1997	29	15	4	8
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	93	27	51	3
2004 ³	53	17	29	0

¹ SCIEH Weekly Report 27 July 2004 Volume 38 No 2004/30

² figures do not add up to the total due to both reporting delay and the fact that not all cases are in the 3 main risk groups.

³ the period 1st Jan-30th Jun 2004

Men C vaccine and babies

Research carried out by the Health Protection Agency and published in the *Lancet*, has shown that the Department of Health meningococcal C vaccine campaign is providing high levels of protection, four years after its completion. However, for infants vaccinated in the routine schedule, protection seems to decline after one year and alternative vaccination schedules including a potential for a booster dose may need to be considered.

Since the introduction of the meningococcal serogroup C conjugate (MCC) vaccine programme in England there has been a 97% decrease in the number of confirmed men C cases in under 20 year olds. Cases have fallen from 701 1998/99 to 16 in 2003/04 as a result of high short-term vaccine effectiveness and substantial herd immunity. In all age groups, including adults above the age for inclusion in the vaccination programme, the number of cases decreased by 93% from 955 to 63 over the same period.

The HPA compared the effectiveness within one year of the vaccine being administered to effectiveness more than one year after vaccination. This showed that effectiveness remains high (approximately 90%) in children vaccinated in the catch-up campaign (aged 5 months to 18 years) but in infants vaccinated in the routine immunisation programme (at less than 5 months of age) effectiveness fell significantly after one year to low levels.

The Joint Committee on Vaccination and Immunisation (JCVI) is currently looking at the implications of this study and what modifications to the current programme will be necessary to ensure long-term protection.

Important!

All orders in August 2004 for meningococcal C conjugated vaccine will be NeisVac-C (Baxter) (Farillon code: N10). However, the information leaflet inside the packs of NeisVac-C vaccine indicates that this vaccine is licensed to be given as a 2-dose schedule, each dose given two months apart, rather than the 3-dose schedule currently given as part of the national childhood programme.

The JCVI has considered this change but recommends that **all meningococcal C vaccines including NeisVac-C should be given as a 3-dose schedule at 2,3 and 4 months of age.**

MMR for 13-25-year-olds

The total number of confirmed mumps cases in Scotland from the end of November 2003 (Week 48) to the end of June 2004 (Week 26) was 681 compared with 13 cases for the same period in 2002/03.

The cases are mainly in young people aged 13-25 years and especially those aged around 17-20 years i.e. born between 1984 and 1987. This 17-20 years age group approximately corresponds with those who were offered only a single dose of MMR in a "catch up" campaign when MMR was first introduced into the routine programme in 1988. They have not been offered a second dose of MMR vaccine as part of routine or 'catch up' immunisation programmes and are therefore likely to have received only one dose of MMR vaccine or none at all. They also attended primary school in the years when mumps infection had fallen to very low levels. Please note that the 1994 MR (Measles/Rubella) campaign protected young people from measles and rubella but not mumps.

Amongst this susceptible age group, the probability of mumps transmission occurring will be greatest in enclosed settings such as secondary schools, boarding schools, universities, colleges, barracks and prisons.

In order to limit the spread of mumps in young people in Scotland, the Scottish Executive Health Department (SEHD) is encouraging GPs to offer opportunistic MMR vaccination to 13-25-year-olds and particularly 17-20-year-olds who attend school, university or further education college and who have not previously received two doses of mumps-containing vaccine. This national drive is in line with the approach adopted by GGNHSB earlier this year (see PHPU Newsletter Feb 2004).

Ideally, vaccination should be offered before the start of the next school/further education and university terms. Information materials aimed at this age group are being prepared.

MMR vaccination in the circumstances of an outbreak is a local enhanced service under the new Primary Medical Service contracting arrangements. GGNHSB has contacted the Primary Care Division about agreeing an enhanced service for GPs providing this opportunistic vaccination.

Supplies of the MMR vaccine can be ordered from Leverndale Hospital.

The independent expert advisory body, the JCVI, has previously considered the issue of ensuring that teenagers were adequately protected against mumps. It recommended that young people who had received no or one dose of MMR vaccine should be offered another dose of vaccine.

The advice in the Green Book (1996 Immunisation against Infectious Diseases) is as follows:

"Every effort should be made to ensure that all children are immunised even if they are older than the recommended age-range; no opportunity to immunise should be missed."

Protecting safety of blood

A further safeguard to protect Scottish blood supplies following new recommendations from the UK Committee on the Microbiological Safety of Blood and Tissue for Transplantation (MSBT) was introduced on August 2nd.

Following the first report of a possible transmission of vCJD from person to person via blood transfusion in December 2003, it was recommended that recipients of blood transfusion since January 1980 be excluded from donating blood in the future. This was implemented from 5 April 2004. In addition, donors who are not sure if they have previously had a blood transfusion will now be excluded from giving blood.

The new MSBT recommendations also exclude apheresis donors (who provide blood components, particularly platelets) if in the past they have received a transfusion. However, the Scottish National Blood Transfusion Service (SNBTS) has already taken action to exclude this group and the recommendation has already been implemented in Scotland.

In a separate development, the National CJD Surveillance Unit has now confirmed a second case of possible transmission of vCJD from person to person via blood transfusion. A patient in the UK received a blood transfusion in 1999 from a donor who later went on to develop vCJD. The patient died of causes unrelated to vCJD but a post mortem revealed the presence of the vCJD agent in the patient's spleen. This second case is of particular scientific interest as the patient had a different genetic type from that so far found in patients who have developed vCJD. A detailed account of the case is expected to appear soon in the medical journal *The Lancet*. This new finding was referred to two expert government advisory bodies (SEAC and MSBT) and both agreed that existing precautionary public health measures were adequate.

BCG appointments

Since April 2004, the PHPU has been organising the BCG services for 'at risk' children under 5 years. There are two clinics per month in both William Street and Govanhill community building. The Princess Royal Maternity Unit (PRM) also has a monthly clinic for babies born in the hospital.

The demand for appointments is extremely high and extra clinics are being considered. However, to maximise current clinic capacity, health visitors are asked to refer 'at risk' babies as soon as possible after birth. The PHPU will try to appoint these babies before they reach 3 months of age as no pre-BCG skin testing is required (only 1 clinic appointment). Over 3 months of age, children require skin testing and therefore 2 clinic appointments.

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