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GGNHSB PHPU NEWSLETTER

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Childhood immunisation

Despite the haste with which the new vaccines for childhood immunisation were introduced, the implementation went very smoothly in the GGNHSB area. The advantages of the combined vaccines will now be evident and should, hopefully, have made clinic sessions slightly less stressful.

However, the Scottish Executive Health Department (SEHD) is aware that the packaging of the vaccines and, in particular, the labelling may be confusing. Although the manufacturers have been approached, changes to the packs will take time. In the interim, a "memory check" for the routine childhood programme is suggested below.

Pediacel is for **babies** 5-in-1
(DT5aP-IPV-Hib)

Repevax is the **repeated** dose for pre-school boosters (dT5aP-IPV) and the **p** in Repevax indicates the presence of pertussis 4-in-1

Revaxis is for adolescent booster immunization, it has **no p** and **no pertussis** (Td-IPV) 3-in-1

New pre-school booster vaccine

A second vaccine, DTaP/IPV (Infanrix-IPV), is now available for pre-school boosting. Similar to Repevax (dT5aP/IPV), *Infanrix-IPV* contains full strength diphtheria vaccine and a 3-component acellular pertussis vaccine.

The PHPU recommends that either Repevax or *Infanrix-IPV* is used for pre-school boosting in the routine childhood programme. It should be noted that these products are neither recommended nor licensed for primary immunisation.

BCG clinics

Health visitors are reminded to check BCG history before referring children to the William St. and Govanhill BCG clinics. **At-risk babies born in the PRM are either vaccinated in the hospital after birth or appointed to the PRM BCG clinic.** Children born in other health authority areas, especially London, may have already received the BCG and, in the absence of immunisation records, health visitors should inspect the child's arm for a BCG scar.

Avian 'flu cases increasing

Avian influenza has killed a 10-year-old girl in southern Viet Nam and a 25-year-old Cambodian in Ha Tien. The 10-year-old Vietnamese girl was from the southern Vietnamese province of Long An and died on Sun 30th Jan 2005 at Ho Chi Minh City's Paediatric Hospital. The toll of deaths in Viet Nam from the H5N1 virus has now risen to 13 since the disease erupted again in December 2004. The Asian avian influenza virus has killed 44 people since the end of 2003, 32 in Viet Nam and 12 in Thailand.

The 25-year-old Cambodian woman was living in Ha Tien, Vietnam and was hospitalised on 28th Jan 2005 with a high fever. She died two days later and her lungs were described as badly damaged. There are reports that her 14-year-old brother died of respiratory failure 12 days before. She is the first person from Cambodia to have died of H5N1 avian influenza virus. Although Poultry outbreaks were last detected in Cambodia in September 2004, no human casualty was reported.

In Thailand, outbreaks among chickens have been confirmed in five provinces in eastern and central parts of the country, the latest on 28th Jan 2005 in Nakhon Pathom. Thailand is worried that the disease will spread from Viet Nam and has offered to help Hanoi contain its outbreaks. Vietnamese and Thai scientists will meet this month to share information on battling the virus,

Food and water-borne disease

GGNHSB reports of food/water-borne diseases 2004

Disease	No. of reports
Food poisoning (unspecified)	288
Campylobacter	640
Salmonella	183
Shigella	10
Cryptosporidium	43
Typhoid	1
E coli O157	17

The numbers of food/water-borne disease reported to the PHPU in 2004 are detailed in the table above. Food poisoning (unspecified) reports are received from GPs and often faecal samples are not obtained for testing. This may be because the patient is asymptomatic at the time of presentation. However, GPs are reminded that faecal samples can be sent for testing as long as the stool is not formed.

AIDS (Control) Act Report

GGNHSB has recently approved the 17th annual AIDS (Control) Act Report for 2003-2004. 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 years report are as follows:

- **103** new cases of HIV infection were diagnosed
- **27** of these cases resulted from sexual intercourse between men, **57** from heterosexual intercourse, **2** from infected mother to child, **3** from injecting drug use and **14** from other or undetermined routes.
- As last year, heterosexuals have the highest number of cases of any group - **55%** of the total new cases reported.
- Diagnosing HIV in the mother before birth allows interventions that prevent infection in the baby. Antenatal HIV testing has been offered to all women receiving antenatal care in Glasgow since July 2003. Since screening began, **8** women have been identified as HIV-positive.
- **857** cases of HIV infection have been reported in the GGNHSB area since reporting began.
- **22** new cases of AIDS were reported.
- Clinicians reported a 35% increase in AIDS-related events compared to 02/03. This rise is almost exclusively due to patients who present late, when they are seriously ill, and receive a concomitant diagnosis of HIV and AIDS.
- **5** deaths during 03/04 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 **523** patients and, of these, around 80% were from the GGNHSB area. Compared with the previous year, the number of patients requiring admission has increased from 79 to 90 as have the number of bed-nights and average length of stay. This can be attributed to the overall rise in the cohort numbers, the greater numbers with AIDS-defining symptoms and the increase in late presentations.
- The cost of HIV-related treatment was nearly 2.5 million pounds in the reporting year. Of the patients currently attending for care, 69% are receiving anti-retroviral therapy. As the number of patients being treated is expected to continue to increase, the cost of drug treatment is likely to go on rising 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 on-going improvement in generic sexual health and family planning services in Glasgow.

'Flu-vaccine uptake

GPs are reminded that there's still time to vaccinate people over 65yrs and other at-risk groups against 'flu. The vaccine-uptake rate for Oct-Dec 04 in the GGNHSB area was below the national average and national target for the ≥65yrs although the rate for the at-risk group <65yrs was higher than the national average (see tables below).

Flu-vaccine uptake in people aged 65yrs and over

Area	Population ≥65yrs	Number vaccinated	Vaccine uptake
GGNHSB	134,627	87,929	**65.3 %
Scotland	823,886	561,376	**68.1 %
National target	823,886	576,720	70 %

Flu-vaccine uptake in at-risk people <65 yrs

Area	At-risk population <65yrs	Number vaccinated	Vaccine uptake
GGNHSB	*70,116	31,590	**45.1%
Scotland	*416,355	163,637	**39.3%
National target	416,355	249,813	60 %

* figures are based on GP practice data - actual population may be higher

** preliminary figures, based on returns from GPs .Accurate figures based on GP payments will be available later in the year

Local decontamination

GPs and dentists are reminded of the recent survey of current practice in instrument decontamination in general dental practice. In their joint letter of 25th November 2004 (SEHD/CMO (2004) 21), the CMO and CDO state that the shortcomings identified are likely to be found in general medical practices and other similar facilities where local decontamination takes place. The priorities listed for immediate action are outlined below.

- Single-use instruments not to be re-used
- Decontamination equipment to be used according to manufacturer's instructions
- Decontamination equipment to be properly maintained day-to-day
- Decontamination equipment to be tested regularly to ensure in working order
- Load for sterilisation to be appropriate for type of sterilizer
- Pressure vessel insurance to be in place for pressure vessels
- Layout of decontamination facility to be fit for purpose
- Correct detergent solution to be used for manual cleaning
- Suitable personal protective equipment to be worn by staff involved in decontamination
- Checks with suppliers of instruments to be done prior to purchase to ensure compatibility with decontamination processes in the practice

More details are available in the CMO letter [www.show.scot.nhs.uk/sehd/cmo/CMO\(2004\)21.pdf](http://www.show.scot.nhs.uk/sehd/cmo/CMO(2004)21.pdf).

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