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GGNHSB PHPU NEWSLETTER

www.nhsgg.org.uk/phpu (Tel 201 4917)

Volume 4 Issue 5

May 2005

Combined hepA/hepB vaccine

Previously the PHPU wrote to GPs and relevant health care professionals recommending that patients with a past or present history of injecting drug use should be offered immunisation with the combined hepA/hepB vaccine (Twinrix). Guidelines to this effect have recently been issued by the Royal College of Practitioners and can be accessed on line at:

www.ncgp.org.uk/drug/docs/hepAB.pdf.

Immunisation staff should note that:

- it is not necessary to test for immunity prior to vaccination.
- routine testing for antibody response following immunisation is not recommended.
- the standard schedule for Twinrix is 0, 1 and 6 months. However, if there is any doubt about compliance, an accelerated schedule can be used e.g. 0, 7 and 21 days, with a booster dose at 12 months
- the combined hep A/hep B vaccine should also be **routinely** offered to men who have sex with men (as per the Green Book)

Supplies of Twinrix can be obtained from Leverndale Community Pharmacy (211 6673) for these groups. Travellers going to high-risk areas will require a prescription as for other travel vaccines.

Crypto outbreak linked to farm

The PHPU has been involved in investigating an outbreak of cryptosporidiosis linked to a 'petting' farm, Auchingarrich, in Perth. A group of 24 children from an after-school club in south Glasgow visited the farm on the 7th April during which they petted and fed lambs, and held chickens. Within a week, some had developed diarrhoea, abdominal pain and vomiting. To date, there are 9 laboratory-confirmed cases; 6 from the group above, 1 secondary case in a sibling of a group member and 2 other cases (not related to the after-school group) who visited the farm independently.

Tayside Health Board is leading the investigation and states that the likely source of infection is thought to be the lambs with which the children had direct contact. However, no cryptosporidiosis has, so far, been isolated from the lambs' faecal samples.

Spring-clean time for fridges

Over the last few months there have been changes in the childhood vaccination programmes. Not only have the actual vaccines changed but national distribution has also resulted in confusing packaging and problems with stock shortages. The PHPU reminds all immunisation staff that the national childhood programme: -

- includes *Pediacel*; *Repevax* or *Infanrix/IPV*; *Revaxis*; MMR; MenC conjugate
- does **not** include ActHib/DTP; *Infanrix*; *Diftavax*; Oral Polio Vaccine (OPV)

Practices and vaccination clinics are asked to ensure that:

- the laminated GGNHSB poster "Guidelines on Storage and Handling of Vaccines" is on display and that twice-daily recording of fridge temperature is carried out
- vaccines withdrawn from the child immunisation programme are not in stock (see above)
- Diftavax and IPV, previously used for adult immunisation, is now replaced by Revaxis
- no vaccines are date-expired
 - even 1 day over the expiry date means that the vaccine is out of the manufacturer's licensing warranty. Most vaccine manufacturers now label the expiry date in the *day/month/year* style which is specific and must not be over-run
- the fridge does not contain surplus vaccine
 - practices/clinics constantly carrying over vaccine into each new "call" should reduce the size of orders to minimise the possibility of short-dated stock (stock which has to be used quickly)
- stock-rotation is done according to vaccine expiry-date

If you would like more information please contact Leverndale pharmacy (211 6675) or Margaret Johnston at Public Health Pharmacy (201 4824).

Infection-control seminar

The Infection Control Nurses Association (Scottish group) has organised a seminar for nurses entitled 'Infection Control is your Business in the Community'.

Date: Friday, 3rd June 2005

Time: 9.30 am - 4 pm

Venue: Walton Centre, Southern General Hospital
Nurses should contact their local ICN or Sandra McNamee on 211 3425 for an application form (cost £30).

Summer eating

In the summer months, the number of food-poisoning cases rises so whether you're having a barbecue, picnic or summer buffet, it's important to take care when preparing, storing and cooking food. Please note the following food-safety tips.

Barbecues

- Always keep raw food separate from any ready-to-eat foods
- Make sure the charcoal is hot enough before you start to cook
- Always cook meat dishes until they are piping hot all the way through and the juices run clear
- Don't assume that if meat is charred on the outside it's cooked inside
- Always wash your hands after handling raw meat
- Use separate utensils for raw and cooked foods
- Keep food covered to prevent insects getting to it
- Consider pre-cooking poultry, burgers and sausages in the oven and finishing them off on the barbecue when cooking for a large number of people
- Remember that left-over marinade has been in contact with raw meat and therefore must not be used as a sauce

Picnics

- Use a cool-bag with ice packs to keep food cool during the journey
- Don't take food from the 'fridge until the last moment
- Wash your hands or use antiseptic wipes before eating
- Wash fruit and vegetables thoroughly before eating
- If taking pets or visiting a farm etc. make sure that you keep them away from the food and wash your hands or use antiseptic wipes after petting animals
- Make sure your 'fridge is at the right temperature i.e. below 5° C. It's advisable to purchase a 'fridge-thermometer from your local supermarket

If you would like more information on this or other food-safety matters, please contact your local environmental health department.

Flu vaccination for under 65s

A Dutch study recently published in the Archives of Internal Medicine concludes that younger people (<65yrs) with high-risk medical conditions such as chronic lung and heart disease can benefit substantially from an annual flu vaccination during an epidemic. The researchers used data from Dutch primary-care centres during the influenza-A epidemic of 1999-2000 and its findings that hospital admissions for cardiovascular and cerebrovascular complications, as well as death or hospitalisation for influenza or pneumonia in the elderly, may all be reduced by vaccination.

Note: Flu vaccine supplies for 2005-06

GP practices are reminded that orders for flu vaccines for 2005-06 should be made by the end of May 2005.

Varicella vaccine and HCWs

Health care staff will be aware that the Scottish Executive has recommended varicella immunisation for all non-immune HCWs who have direct patient contact in both the hospital and primary-care setting. The CMO letter detailing this recommendation can be accessed at [www.show.scot.nhs.uk/sehd/cmo/CMO\(2004\)02.pdf](http://www.show.scot.nhs.uk/sehd/cmo/CMO(2004)02.pdf).

Recently the PHPU has received enquiries regarding the arrangements for screening and immunisation of dental staff within Greater Glasgow. For staff working in Community Dental Services and General Dental Practices, this is being undertaken by the Occupational Health Department at William Street (314 6203). For Dental Hospital staff, screening and immunisation will be provided by Glasgow Occupational Health at the GRI (211 0422). Further enquiries can be made directly to the relevant departments.

The Department of Health also recommends varicella vaccination for healthy susceptible contacts of immunocompromised patients where continuing close contact is unavoidable e.g. siblings of a leukaemic child. Full details of these recommendations can be found in the new varicella chapter of the 'Green Book', which can be accessed on-line at www.doh.gov.uk/greenbook

MMR and Crohn's disease

According to a study published this month in the BMJ, MMR vaccine does not increase risk of Crohn's disease

It has been hypothesised that the MMR vaccine increases the risk of Crohn's disease, although the evidence for this is sparse. The study provides strong evidence against this theory and adds to the evidence that MMR vaccine is no less safe in this respect than the single measles vaccine.

Valerie Seagroatt, a statistician at Oxford University, analysed national data on hospital admissions for Crohn's disease in children and adolescents over the 12 years from April 1991 to March 2003.

She plotted rates for narrow (3-year) age bands and compared rates for those born before and after the introduction of the vaccine. She found no increase in Crohn's disease associated with the introduction of the MMR vaccination programme, providing strong evidence against the hypothesis that MMR vaccine increases the risk of Crohn's disease.

MMR vaccine and Crohn's disease: ecological study of hospital admissions in England, 1991 to 2002 BMJ Volume 330, pp 1120-1

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 201 4933 or by e-mail at marie.laurie@gghb.scot.nhs.uk