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# GGNHSB PHPU NEWSLETTER

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## LGV - UK update

The Health Protection Agency's (HPA) UK-wide surveillance of lymphogranuloma venereum (LGV) in men who have sex with men (MSM) started in January 2005. LGV is a sexually transmitted disease caused by a specific type of *Chlamydia trachomatis* (serovars L1, L2, and L3). The symptoms vary according to the site of infection.

To date, 72 cases, all serovar L2, have been confirmed in the UK. There were 68 cases in England of which 51 were diagnosed in London, 10 in SE, 3 in NW, 2 in West Midlands, 1 in SW and 1 in East England. In Scotland, 4 cases have been confirmed.

The data so far shows that:

- 73% of cases were HIV positive
- mean duration of symptoms was 54 days pre-diagnosis
- proctitis was the main presenting symptom
- co-infection with other STIs was common

Preliminary reports suggest that HIV infection (2 cases) and hepatitis C (1 case) may have been acquired at the same time as LGV.

## MMR supplies

Vaccination staff will be aware that due to a temporary shortage of supplies of MMR vaccine, the CMO has advised that priority be given to children for primary immunisation and pre-school booster, and non-immune women of child-bearing age. However, the supply situation has improved slightly since the CMO's letter, and whilst there is still no recommendation to mount any active campaign to call a large number of 17-24-year-olds systematically for vaccination, practices should take every opportunity to immunise them.

The Primary Care Division will issue an LES (locally enhanced service) on this as soon as possible. In the meantime, GP practices should contact Community Pharmacy at Leverndale for vaccine requirements.

## Benefits of child vaccination

The Health Protection Agency has recently published a report entitled 'Protecting the health of England's children: the benefit of vaccines'. This is the first national report on the current status of the universal childhood vaccine programme in the UK. The full report is available on-line: [www.hpa.org.uk/hpa/publications/publications.htm](http://www.hpa.org.uk/hpa/publications/publications.htm)

## Flu-vaccine uptake in GGNHSB

The flu-vaccine uptake by LHCC in 04/05 (Table 1) is based on claims received by Practitioners Services Division (PSD) from GP practices at 1<sup>st</sup> April 2005. Eight practices were not included because of incomplete data. Late claims and further checks mean that these figures are yet to be finalised.

Table 1

LHCC	Target number	Number vaccinated	%
Bridgeton & Environs	3942	2412	61.2
North Glasgow	7238	4528	62.6
Dennistoun	4645	3033	65.3
Drumchapel	2231	1470	65.9
Maryhill/Woodside	7356	4873	66.2
South East Glasgow	10849	7333	67.6
Clydebank	7797	5354	68.7
South West Glasgow	14608	10143	69.4
Riverside	7247	5054	69.7
Strathkelvin	10108	7050	69.7
Eastern Glasgow	16259	11792	72.5
Camb/Rutherglen	8305	6020	72.5
Westone	4901	3652	74.5
Greater Shawlands	5986	4500	75.2
Eastwood	10015	7578	75.7
ABM	8986	6954	77.4
<b>Total</b>	<b>130473</b>	<b>91746</b>	<b>70.3</b>

## African-Caribbean health event

This event will take place on Saturday 2<sup>nd</sup> July 2005 in Renfield St. Stephens Church, Bath Street, between 11a.m. and 4.00 p.m. It's aimed at people from African and Caribbean communities in Glasgow (including Asylum Seekers and Refugees) who might have specific health needs, and is designed to explain how the NHS in Scotland works and the services they can access. African food, a crèche, and transport to and from the event will be provided. Posters and flyers in five languages - English, Arabic, French, Swahili and Somali - will be available soon. These, and further information, can be obtained from Julie Craik (201 4671) or Nuzhat Mirza (201 4973)

## New cases of HIV in Glasgow

In the quarter 1<sup>st</sup> January to 31<sup>st</sup> March 2005, 83 new cases of HIV were reported in Scotland and just over 30% (n=26) of these cases were in Greater Glasgow residents. In Glasgow, as in the rest of Scotland, transmission occurred in two main ways - sexual intercourse between men (7 cases), and sexual intercourse between men and women (15 cases)<sup>1</sup>. Most of the heterosexual cases (14) were acquired outside the UK. So far, the rate of new infection and the categories affected are consistent with those in 2004.

In the same quarter, 9 cases of AIDS were reported and 7 of those were from Greater Glasgow. Often these individuals presented late when their infection was at a more advanced stage. A recent article in the March edition of *AIDS*, highlights the consequences of late diagnosis, specifically in relation to gay men<sup>2</sup>. The authors examined the trends in late HIV-diagnosis and short-term mortality among gay men in England and Wales. HIV - surveillance information from 1993 to 2002 was analysed and the results indicated that one in four gay men was diagnosed with HIV after their CD4 cell count had fallen below 200 cells/mm<sup>3</sup> resulting in a tenfold greater risk of death within a year. The authors comment that 'Although late diagnosis is less common among gay men than other HIV-infected individuals.....our analysis shows that late presentation is a strong determinant of short-term mortality'. They conclude that early diagnosis of all gay men in 2001 could have reduced short-term mortality by 84% and all mortality in that year by 22%.

Practitioners are once again reminded to be alert to HIV as a possible diagnosis as HIV-infected patients could present to non-HIV-related disciplines.

## Avian flu

The World Health Organisation (WHO) has organised an inter-country consultation in Manila to discuss the implications of an apparent change in the epidemiology of influenza A (H5N1) infection in humans in Asia. The changes, identified during investigations into human infection in northern Vietnam earlier this year, are:

- an increase in the number of case clusters
- increased intervals between first and last case in clusters
- 3 detections of sub-clinical infection
- increase in age range compared with previous cases
- fewer fatal cases compared with those previously reported

Preliminary virological investigations have also identified differences between influenza H5N1 genes from affected areas, suggesting that they are becoming increasingly antigenetically diverse. According to WHO the indications are that these viruses are evolving and continuing to pose a pandemic threat. It recommends that steps be taken to complete pandemic preparatory actions in all countries and accelerate the control of avian influenza in poultry in the countries affected.

<sup>1</sup> The remaining 4 cases are still under investigation

<sup>2</sup> Chadborn TR et al. No time to wait: how many HIV-infected homosexual men are diagnosed late and consequently die? (England and Wales, 1993-2002). *AIDS* 19: 513-520, 2005.

## Childhood vaccine uptake 04/05

Primary immunisation uptake-rates for all Scottish Health Boards for the period April 04 - March 05 have recently become available. The tables below give the percentage uptake-rates for children at age 1 year and again at age 2 years in the GGNHSB area and in Scotland as a whole.

### Primary immunisation uptake-rates 04/05 (at age 1yr)

Area	Cohort number	D (%)	T (%)	P (%)	Polio (%)	Hib (%)	MenC (%)
GG	9383	95.1	95.1	94.9	95.1	94.7	94.8
Scotland	53328	95.3	95.3	95.1	95.3	94.9	94.2

### Primary immunisation uptake-rates 04/05 (at age 2yrs)

Area	Cohort number	D (%)	T (%)	P (%)	Polio (%)	Hib (%)	MenC (%)
GG	9005	97	97	96.8	97	96.1	96.5
Scotland	51761	97.6	97.6	97.3	97.6	96.9	96.4

### MMR uptake-rates 04/05 (at 2yrs of age)

Area	MMR (%)
GG	87.4
Scotland	88.4

## Antenatal HIV-testing

In August 2003, universal antenatal HIV-testing was introduced in the GGNHSB area. Since that date, all women attending Glasgow maternity units are offered an HIV test as part of their routine antenatal care. Health Protection Scotland recently published data on HIV-infected women who gave birth in 2004 that allows basic evaluation of the screening programme<sup>3</sup>. The HIV-status of 53,828 women was determined through the unlinked anonymous (UA) HIV-testing of dried bloodspots from neonates (Guthrie test). Alignment of this data with that collected by the Royal College of Obstetricians and Gynaecologists and the Institute of Child Health's surveillance on known HIV-infected pregnant women, allows the proportion of infected women who were diagnosed before giving birth to be determined. In Scotland there were 28 HIV-positive mothers who gave birth in 2004. Of these, 15 were diagnosed before pregnancy, 10 during and 3 remained undiagnosed - 11% compared to 35% and 37% for the previous two years.

In GGNHSB, 8 HIV-positive women gave birth - 4 cases were diagnosed before pregnancy, 3 during pregnancy and one who remained undiagnosed after giving birth. This suggests that universal antenatal HIV testing, generally, has been successfully implemented throughout the country.

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)

