

- Otitis media and meningitis
- HepC advisory/testing service
- Needle length and Vaccines
- SCI Gateway update
- Revaxis - update
- Vaccine batch-numbers

GGNHSB PHPU NEWSLETTER

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Otitis media and meningitis

All medical personnel are reminded that otitis media can, in rare cases, lead to fatal bacterial meningitis. Following a fatal accident inquiry¹ into the tragic death of a middle-aged woman, the Sheriff advised that this be brought to the attention of all relevant clinicians (ref: SEHD, CMO letter 25th July 2005)

¹FAI, Airdrie Sheriff Court, Sheriff Morris (09/05 - 12/05/05)

Hep C advisory/testing service

Hepatitis C is a major public health problem in Glasgow. At the end of 2003 there had been over 6,000 confirmed laboratory cases in the GGNHSB area and it is estimated that as many as 12,000 people remain undiagnosed in the community. Many patients may approach GPs and primary care staff for advice or seeking a test. GGNHSB currently funds C-Level, a voluntary organisation that offers advice, information, testing and support to people affected by hepatitis C. Practitioners are reminded that people with concerns around hepatitis C can access the service offered by C-Level before, during or after diagnosis.

C-Level has premises in Bath Street and offers a range of services. These include, a support group on a Monday afternoon offering people the chance to talk to others at various stages of their disease; a drop-in service on a Wednesday morning where clients can access one-to-one support, information, pre-test discussions or advice; and training courses for both clients and professionals. In addition, a satellite testing-service, run by staff from the Brownlee Centre's bloodborne virus counselling and testing team is available on a Wednesday afternoon. C-Level also delivers an outreach prevention programme to individuals at risk of infection with hepatitis C via a group of trained peer educators.

To find out more about C-Level's prevention work, to refer someone for testing, or to obtain a supply of information leaflets contact Claire on 332 2520.

C-Level, 268 Bath Street, Glasgow G2 4JR
www.c-level.org.uk

Needle length and vaccines

In 2000 a BMJ paper² reported the effect of needle length on incidence of local reactions to routine immunisation in infants. The study compared local reactions associated with two needle sizes used to administer the third routine immunisations to infants
²BMJ 2000; 321:931-933.

The authors concluded that the use of 23 gauge, 25mm blue-hub needle, significantly reduced rates of local reaction to routine infant immunisation in comparison with 25 gauge, 16mm orange-hub needle. The study also commented that on average, for every five infants vaccinated, use of the longer blue-hub needle instead of the shorter orange-hub needle would prevent one infant from experiencing any local reaction. Both redness and swelling were also significantly reduced when the 23 gauge, 25mm, blue-hub was used instead of the 25 gauge, 16mm, orange-hub to administer the third dose of primary immunisation (diphtheria, pertussis, tetanus and *Haemophilus influenzae* type b vaccine) to infants. The differences suggest that for every three to five infants vaccinated with the longer rather than the shorter needle, one case of redness and one of swelling would be prevented.

The correct length and gauge of the needle are key to ensuring that vaccine is delivered to the right location as painlessly as possible and with maximum immunogenicity. The colour of the hub of the needle refers to the gauge rather than length of the needle for example, a blue-hub needle is 25mm in length and is a 23 gauge.

When giving an intra-muscular injection, the needle must be long enough to reach the muscle mass. It is often thought that the longer the needle, the more painful the injection will be. Two studies have shown that the muscle fibres have fewer pain receptors than subcutaneous tissue. A blue-hub needle 23 gauge (25mm) should be used both for its wider lumen and because it will ensure an intra-muscular or a deep subcutaneous injection if the correct technique is used.

The table below details the needles recommended for different patient groups.

Patient group	Needle length	Gauge
Children	25mm (1 inch)	25/23 gauge
Women <90kg	25mm (1 inch)	25/23 gauge
Women >90kg	38mm (1½ inch)	21 gauge
Men 60-118kg	25mm (1 inch)	25/23 gauge

SCI Gateway

The PHPU has been asked to update all general practices in the GGNHSB area on SCI (Scottish Care Information) Gateway's implementation and use to date.

In July 05, 9300 SCI Gateway referrals were sent in Glasgow making GGNHSB the largest user of SCI Gateway in Scotland.

The most recent version (10.3) of the system was implemented on 3rd June and incorporates several amendments requested by users. Practices should note that when the recipient views a referral this is now indicated by an "eye" icon. For information on these changes please refer to the SCI Gateway 10.3 newsletter on the web-site www.show.scot.nhs.uk/SCI

Important reminders for practices

Referrals with attachments

Paperless practices

Any documents scanned into Docman can be uploaded and attached to a Gateway referral for submission. Likewise the referral letter can be stored back to Docman without needing to be scanned. Please contact the GP Mentoring Team (232 2086) for help if required.

Non-paperless practices

The referral should be created on Gateway, printed out and the 'status' on the 'worklist' changed to show that the referral has been posted. The print-out and attachment should be sent to the appropriate medical records department.

Recent Interruptions to service

SCI Gateway central team apologises for the recent disruptions which have been due to varied problems. The team now has an early warning system in place to pick up and address problems more quickly. Both central and project teams thank the practices for their patience and continued use of the system. If the system is unavailable for a significant length of time, and an urgent referral needs to be sent, practices can use '2nd Opinion' as a fallback.

Hospital specialty lists

Users are reminded to take care when choosing a hospital specialty from the drop-down list. Reports from medical records departments suggest that the wrong specialty is chosen regularly. This may be due to a simple 'clicking' error or the user's uncertainty about the appropriate specialty. 'Cheat' sheets for each acute Trust listing clinics/specialties not obvious on Gateway are available from the Mentoring Team (232 2086).

The Royal Hospital for Sick Children (RHSC) provides a range of paediatric specialties and the general 'Paediatrics' should not be used where a more descriptive specialty is appropriate.

Please note that retinal-screening referrals to the GRI should be sent in the post and not through Gateway.

Turnaround time for referrals

In some practices the referral is created by the user but left 'in progress' for the clinician to review, approve and send. Some referrals sent to medical records departments have been received weeks, and in some cases months, after the initial creation date. Practices are reminded that referrals should not be 'in progress' for longer than 1 week.

Setting up new Gateway accounts/passwords

To set up a new account or reset a password, practices should call Servo (01387 269951) or log onto the website www.servo.co.uk/support

New specialty templates

Colorectal referral template is being piloted in South Glasgow by Butterbiggins and Walmer Crescent practices Gartnavel General and Western Infirmary are going Live on **Monday 8th August 2005**

Stobhill and Glasgow Royal Infirmary are going Live on **Monday 5th September 2005**

Stobhill also going Live with TIA referral template on **Monday 15th August 2005**

Community mental health is piloting the mental health referral template at Larkfield Adult Resource Centre on **Monday 22nd August 2005**

Update on Revaxis supplies

Please note that Revaxis (Td/IPV) is now available from **community pharmacists**.

GPs are advised to use any remaining supplies of Diftavax (Td) vaccine where polio immunisation is not required. However, practices are asked to contact community pharmacists to check on remaining stocks and discuss appropriate usage. As there is no supply of the single antigen (IPV) vaccine, Revaxis (Td/IPV) **must** be used if polio immunisation is required.

Vaccine batch-numbers

Immunisation staff are reminded that the batch-number printed on the **outer package** of vaccines is the batch-number to be recorded in the medical records and on the SIRS immunisation call-out sheet. This is particularly relevant where the vaccine is reconstituted. The number on the outer package incorporates details of all the components of the final reconstituted product. The batch-numbers on the individual components refer only to the contents of the vial and not to the reconstituted vaccine.

An example of reconstituted vaccine is Priorix, the MMR vaccine manufactured by Glaxo Smith Kline. The batch-number to be recorded is on the outer package and contains the letter **C** referring to the combined product. Priorix is reconstituted from a freeze-dried vaccine powder with a batch-number containing the letter **F** and a liquid diluent with a batch-number containing the letter **D**.

Should you have any difficulties recording vaccine details please contact the pharmacy at Leverndale hospital (211 6675) for advice.