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# GGNHSB PHPU NEWSLETTER

[www.nhsgg.org.uk/phpu](http://www.nhsgg.org.uk/phpu) (Tel 201 4917)

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## Flu immunisation 2005-06

The latest Chief Medical Officer's letter (SEHD/CMO (2005)09) on the influenza (and pneumococcal) immunisation programme for 2005-2006 sets out the policy background and gives additional information about arrangements for the implementation of the programme. The scope of the letter's contents includes:

- information on contingency stocks of influenza vaccine
- details on adverse-reaction reporting
- details on information material and how to procure them
- centrally generated letter to patients on influenza (and pneumococcal) immunisation
- GP payment arrangements for over-65s
- GP payment for the additional at-risk groups

### Vaccine supplies

Some suppliers have delayed deliveries of their flu vaccines, in some cases by 2-4 weeks. These suppliers will contact the community pharmacies to inform them of revised delivery dates. GPs have been asked to liaise with community pharmacists to ensure that they have a sufficient stock of influenza vaccine prior to publicising their local campaigns, and scheduling patients for clinics.

As a contingency measure, the Scottish Executive Health Department (SEHD) is in the process of securing a central stock of influenza vaccine that can be accessed by immunisation coordinators at each health board if flu rates reach epidemic proportions.

### Flu 'at-risk' groups

All aged over 65 years

**Chronic respiratory disease including: (all ages)**

- chronic obstructive pulmonary disease (COPD)
- chronic bronchitis
- emphysema
- bronchiectasis
- cystic fibrosis
- interstitial lung fibrosis
- pneumoconiosis
- asthma requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission and children who have recently been admitted to hospital for lower respiratory tract disease

**Chronic heart disease including: (all ages)**

- ischaemic heart disease requiring regular medication and/or follow-up
- congenital heart disease
- hypertensive heart disease (excluding uncomplicated controlled hypertension)
- chronic heart failure

**Chronic renal disease including: (all ages)**

- nephrotic syndrome
- chronic renal failure
- renal transplantation

**Chronic liver disease including: (all ages)**

- cirrhosis

**Diabetes requiring insulin or oral hypoglycaemic drugs (all ages)**

**Immunosuppression (all ages)**

- secondary to treatment
- asplenia
- splenic dysfunction
- HIV infection
- those on systemic steroids *for more than a month* at a dose equivalent to prednisolone 20 mg or more a day for any age, or for children under 20 kg, a dose of 1mg per kg or more per day. (Some immunosuppressed people may, however, have a suboptimal immunological response to the vaccine)

### Other eligible groups

- people living in long-term residential care homes
- carers of elderly/disabled people
- health and social care professionals with direct patient contact

### Pregnancy/breastfeeding

A thiomersal-free vaccine should be given to pregnant women whose medical conditions increase the risk of complications from influenza (although ideally it should be given after the first trimester). There is no evidence of risk from vaccinating pregnant or breast-feeding women with inactivated vaccines.

## Vaccine preparations

The paediatric preparation (Split Virion *Paediatric*) should be used for at-risk babies under 36 months. GPs should ask the community pharmacist to obtain the vaccine directly from Sanofi Pasteur MSD which still has some stock. The table below indicates which flu vaccines contain thiomersal and latex.

Flu vaccine	Thiomersal-free	Latex-free
Mastafllu	Yes	Yes
Influvac	Yes	Yes
Inflexal V	Yes	Yes
Split Virion	Yes	No (needleguard)
Enzira	Yes	No (needleshield)
Fluarix	No	No (rubber stopper)
Wyeth	Yes	No (n.shield/stopper)

## Pneumococcal immunisation

The *polysaccharide* pneumococcal vaccine only requires to be given once, except in the case of absent spleen, severe splenic abnormality or chronic renal disease where a booster dose should be given every 5 years. The vaccine should be offered to:

### All aged over 65 years

(who have not received the vaccine in recent years)

### 'At-risk' groups

- flu 'at-risk' groups (see previous page)
- those with cochlear implants (all ages)
- those with CSF shunts (all ages)
- children who have had invasive pneumococcal disease such as meningitis and septicaemia

Please note that children under 5 years of age in 'at-risk' groups should receive the *conjugated* pneumococcal vaccine followed by the 23-valent polysaccharide vaccine after their second birthday (and at least two months after their last dose of conjugate).

## Yellow-fever vaccine orders

Sanofi Pasteur MSD, manufacturers of yellow-fever vaccine, has become more flexible regarding vaccine-orders. A minimum order is no longer necessary as the company is now prepared to supply as many or as few doses as required.

## Needlestick injuries

Primary-care and hospital staff are reminded that guideline-charts and posters detailing the management of needlestick injuries in healthcare staff are available from PERL stores at GGNHSB. Please contact (0141) 201 4914/15 to place orders.

## Changes to vaccine packaging

Please note that Sanofi Pasteur MSD has changed the packaging of its childhood primary course and booster vaccines. The new package-colours will differentiate more clearly between the vaccines; PEDIACEL® packaging is now bright yellow; REPEVAX® is blue; and REVAXIS® is mustard.

## Legionnaires' disease

In late September, the PHPU was alerted to 2 cases of legionnaires' disease in the south of the city. In GGNHSB, 5-10 cases, on average, are reported each year with most acquired abroad. As neither of the recent cases had a history of foreign travel the source of *Legionella* is assumed to be local. No source(s) has been confirmed and, as yet, no link has been established between the 2 cases.

*Legionella* is widely distributed in the environment, having been found in ponds, hot and cold water systems and water in air-conditioning systems. Transmission to humans occurs via infected aerosols or droplets. *Person-to-person spread does not occur.*

The disease usually commences with non-specific flu-like symptoms such as malaise, myalgia, anorexia, headache, with diarrhoea and confusion, and can fairly rapidly progress to moderate to severe pneumonia. Pontiac fever, also caused by *Legionella*, is a self-limiting condition with the same initial symptoms as legionnaires' disease but without pneumonia.

In October, the PHPU sent a letter to all GPs about these recent cases. The central message was to be aware of the present situation, submit appropriate samples to the laboratories if a case is suspected, and report new cases to the PHPU.

## UK Clinical Virology Network

The UK Clinical Virology Network (CVN) represents specialist virology centres and units throughout the UK and Eire. The Network aims to improve the clinical virology service and provide a one-stop contact point for clinicians, public health staff and government bodies regarding all virological matters in the UK. A major activity is the development of its website ([www.clinical-virology.org](http://www.clinical-virology.org)). This month sees the launch of a specialist area on the CVN website designed specifically for those in primary care. This area provides local laboratory contact details, testing-protocols, and has an educational section with national guidelines, a simple text-book of virology, and an image library. There is also a useful tool outlining which viruses cause which clinical conditions and the ideal sample to send to the virus laboratory for a diagnosis.



## Immunisation seminars

Primary care staff involved in immunisation will be invited to attend two lunch-time seminars (lunch provided) on Wednesday 25<sup>th</sup> and Monday 30<sup>th</sup> January at the Walton Suite, SGH. The programme with booking-slip will soon be sent to lead nurses and GP practices for distribution to all staff. GPs, health visitors and practice nurses should call the PHPU (0141) 201 4917 if they haven't received a booking-slip by the end of November.

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)