

GGNHSB PHPU NEWSLETTER

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

- Imported measles
- Primary immunisation rates
- Flu vaccine supply - update
- Paediatric flu vaccine
- Avian flu update
- Meningococcal disease
- Local salmonella outbreak
- Festive food tips

Volume 4 Issue 12

December 05/January 06

An imported case of measles

The PHPU was recently made aware of a laboratory-confirmed case of measles infection in a one year old child in Glasgow. The infection was contracted abroad during a holiday.

The protective effects of the MMR vaccine have made indigenous measles infection in the UK a very rare event. However, the above case highlights the need to maintain high levels of immunisation in the UK. Parents of children who are not immunised with the MMR cannot rely on local herd immunity to protect their child while there is still a risk of travel-acquired measles being introduced into the local Glasgow community.

Please note that the diagnosis of measles infection can now be made by non-invasive means as specific IgM is detectable in saliva. Where measles, or mumps or rubella, is suspected in a patient, the GP should notify the PHPU and an individual salivary-testing kit will be sent to the practice. Results may take 2-3 weeks as salivary tests are carried out at the Health Protection Agency (HPA) laboratory in London.

Primary immunisation rates

The primary immunisation rates of all Scottish health boards for the period 1st July - 30th September 2005 have recently been published.

The tables below show that GGNHSB has equalled or exceeded the Scottish average for all immunisations in children at 1 year and 2 years of age.

% Completed primary course at 1 year of age

Health Board	D (%)	T (%)	P (%)	Polio (%)	Hib (%)	MenC (%)
GGNHSB	96.3	96.3	96.3	96.4	96.1	96.3
Scotland	96.2	96.2	96.2	96.2	96.1	95.4

% Completed primary course at 2 years of age

Health Board	D (%)	T (%)	P (%)	Polio (%)	Hib (%)	MMR (%)	MenC (%)
GGNHSB	97.7	97.7	97.6	97.7	97.0	90.4	97.4
Scotland	97.1	97.1	96.9	97.1	96.8	90.0	96.4

Footnote: Although the PHPU continues to receive mumps notifications (mostly in the 14-25-year-old age range), the overall numbers are declining.

Flu vaccine supply - update

The PHPU has received responses from more than 80 GP practices requesting additional vaccines from the contingency supply. Arrangements have been made for delivery.

If additional doses are still required practices are asked to contact the PHPU (201 4917) or Leverndale pharmacy (211 6675). Please note that priority for vaccination should be given to people aged 65 years and over and those in clinical risk groups as defined in the CMO letter dated 16th August 2005 and in November's newsletter (vol. 4, issue 11).

Paediatric flu vaccine

Please note that *all flu vaccines are licensed for paediatric use* although the Split Virion Paediatric is preferred because it is packaged in a pre-filled syringe with a paediatric dose of vaccine. In last month's newsletter, it was mistakenly reported that only the Split Virion Paediatric was licensed for use in children. The PHPU apologises for any confusion this caused.

Avian flu - update

There continues to be sporadic cases of human infection diagnosed in the Far East countries. However, there remains no evidence of sustained human-to-human transmission of this infection, a pre-requisite for a human pandemic.

Current advice to people wishing to visit any of the affected countries is that they should avoid live poultry markets and similar places with large concentrations of birds or other animals and avoid eating undercooked poultry meat.

Anyone returning from these affected countries and subsequently developing a severe respiratory illness should seek further advice from their GP, although it is most unlikely that they would have avian flu.

Recent confirmed cases include two fatal cases in China and one hospitalised case in Indonesia.

Note: immunisation seminar

Due to popular demand an extra lunch-time seminar has been organised on Monday, 20th Feb at the Walton Suite SGH. If you would like to attend please contact the PHPU directly on 201 4917.

Meningococcal season

Influenza notifications usually rise in winter with an associated rise in reports of meningococcal disease. Where meningococcal disease is suspected, GPs should administer a single IV/IM dose of benzylpenicillin whilst arranging the patient's rapid admission to hospital. This is the official recommendation of the Chief Medical Officer.

Benzylpenicillin dosage

Adults or children aged 10 years or over: 1.2g

Children 1-9 years: 600 mg.

Children under 1 year: 300 mg.

Benzylpenicillin should only be withheld if there is a known history of anaphylaxis following previous penicillin administration, however, GPs do not need to carry an alternative antibiotic¹.

¹Communicable Disease and Public Health, Vol 5, No 3 (187-204) Sept 2002

Notification

Hospital medical staff should notify the PHPU of a suspected case of meningococcal disease, without waiting for microbiological confirmation, as soon as possible following the patient's admission.

Role of public health

The role of public health in the management of meningococcal disease is to ensure adequate disease-prevention, by way of vaccination programmes, disease surveillance, and the prevention of secondary spread by organising chemoprophylaxis for all close contacts of cases.

Chemoprophylaxis

The aim of antibiotic prophylaxis is to reduce the risk of invasive disease by eliminating throat carriage of the meningococcus from close contacts. This is thought to work in 2 ways:

- eradicating carriage from established carriers who pose a risk of infection to others
- eradicating carriage from those who have newly acquired the invasive strain and who may themselves be at risk of invasive disease

Rifampicin, licensed for this purpose, is given to the close contacts i.e. those in the same household as the index case and any intimate kissing contacts. However, if there are linked cases at institutions such as universities, nurseries or schools, wider prophylactic cover may be recommended. Please note that prophylaxis is not always effective in preventing secondary cases so close contacts should also receive information on the signs and symptoms of the disease.

Rifampicin dosage (twice daily for 2 days)

Adults and children over 12 years: 600mg

Children 1-12 years: 10mg/kg body weight

Infants under 12 months: 5 mg/kg body weight

Local salmonella outbreak

In early November, the PHPU was made aware of a cluster of cases of *Salmonella typhimurium* DT104 by the Salmonella reference laboratory at Stobhill hospital. Specialised tests involving antibiograms (antibiotic-resistance patterns of the organism) and plasmid profiles (DNA from inside bacterial cells) of the organisms confirmed that they were similar isolates.

PHPU and environmental health staff interviewed each case establishing the onset-date of symptoms and the food eaten in the few days prior to the onset.

The total number of primary cases was 11, with one secondary case. Eight cases, including a family of five, live in Glasgow. Of the 11 cases, 8 had eaten from the same Glasgow kebab take-away within 24 hours of each other.

The evidence strongly suggests that the kebab take-away was the source of the outbreak, despite the fact that 3 of the cases had no connection to the take-away (two of these cases were not able to give a detailed food history). Food-safety officers from the local authority inspected the premises and identified deficiencies that required immediate attention. These issues are currently being addressed.

GPs are reminded to submit faecal samples from any patients with suspected food poisoning.

Festive food tips

The PHPU continues to get frequent reports of foodborne infections including those caused by salmonella and campylobacter. In the GGNHSB area, food-safety officers from local environmental health departments investigate all confirmed cases. Most of these infections are sporadic and many are attributed to undercooked meat or poultry prepared at home.

To ensure a trouble-free festive time, the PHPU advises that these basic food-preparation steps are followed:

- Always keep raw and cooked meats and poultry separately
- Clean ALL surfaces and utensils thoroughly following food preparation
- Store raw meat and poultry in a covered container at the bottom of the fridge
- Keep the fridge temperature between 0° - 4° C
- Thoroughly defrost frozen meat and poultry before cooking (check defrosting instructions on the wrapper)
- Cook meat and poultry thoroughly until juices run clear
- NEVER eat raw eggs
- Wash salads, fruit and vegetables in clean, running water
- Wash hands BEFORE and AFTER food preparation

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