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GGNHSB PHPU NEWSLETTER

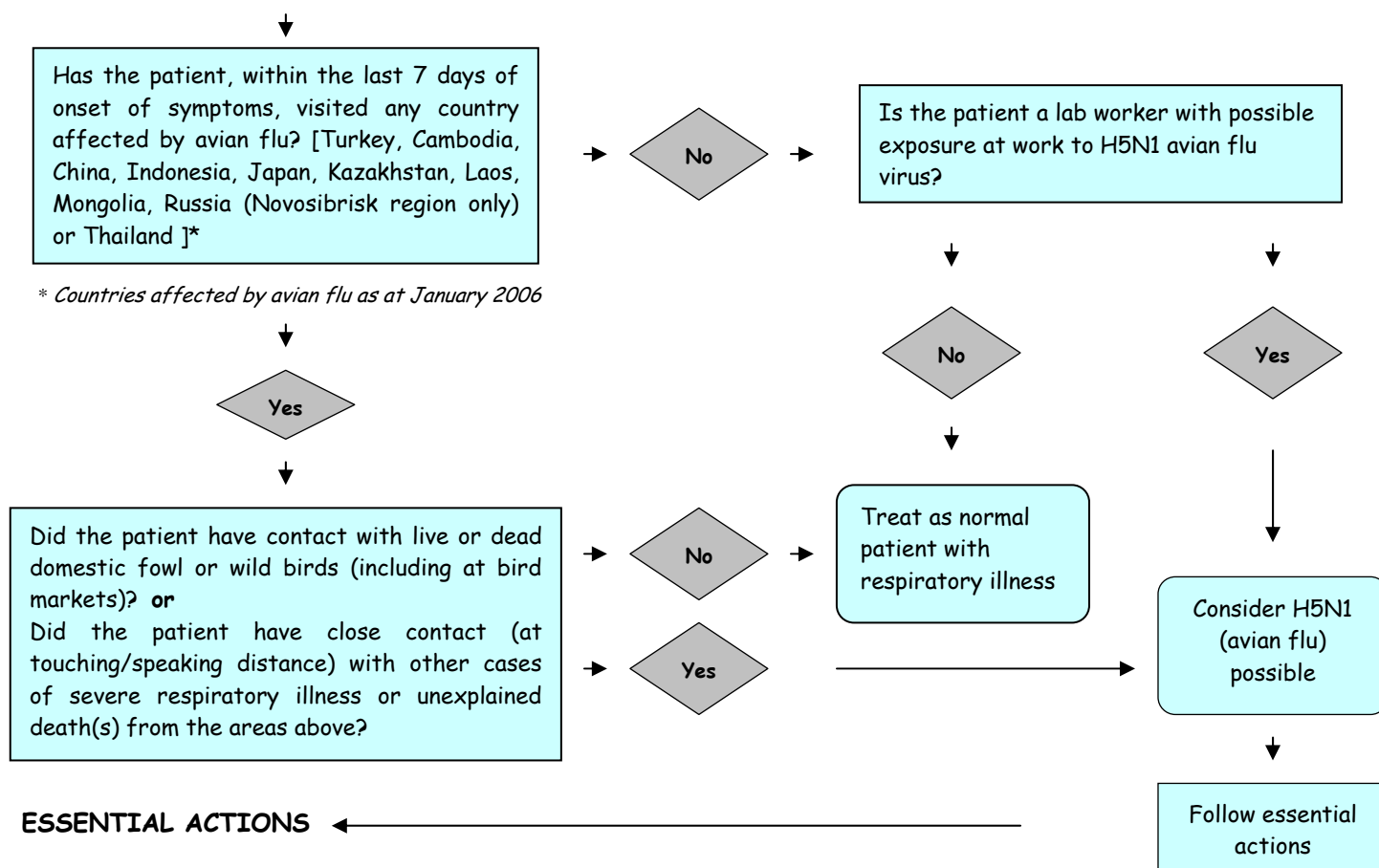
www.nhsgg.org.uk/phpu (Tel 201 4917)

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Initial management to prevent cross-infection from persons with suspected avian influenza (H5N1) in GP and A&E settings

Take a travel and occupational history from all patients presenting or calling with a febrile respiratory illness



ESSENTIAL ACTIONS

1. Ask the on-site patient (in GP surgery/A&E dept) to wear a surgical mask
2. All staff attending the patient should wear FFP3 mask, eye protection (visor or goggles) and gloves
3. Staff should contact:
 - ID physician at the Brownlee Centre 0141 211 1074 or RHSC, Yorkhill (if a child) 0141 201 0000. (If patient is not for hospitalisation, the ID physician will advise on the required virus testing)
 - Consultant in Public Health Medicine 0141 201 4917 (out-of-hours 0141 211 3600 and ask for public health)
 - Infection control team in the hospital where patient is to be admitted or, if patient is not admitted, primary care infection control team 0141 211 3568
 - Ambulance service to arrange transport to Brownlee/Yorkhill and inform ambulance controller of patient's possible H5N1 virus status
4. Once the patient has left the premises, staff should wear PPE (personal protective equipment) and, using 1000 ppm-available chlorine, decontaminate all surfaces in the area where the patient has been. See NHS Greater Glasgow Prevention & Control of Infection manual for instructions and advice on PPE. Staff should decontaminate stethoscope and all patient-care equipment, and after removal of PPE (gloves, eye protection and mask), **decontaminate hands!**

Note: The Primary Care Division is currently addressing the provision of PPE to all GP practices

Meningococcal disease - study

Researchers at Oxford University have produced the results of a study constructed to determine early symptoms of meningococcal disease in children.

Using primary-care records and parental interviews, data was obtained for 448 cases (103 fatal, 345 non-fatal). In the first 4-6 hours of the illness most children's symptoms were non-specific. Classic symptoms which include rash, headache, neck stiffness, sensitivity to light (photophobia) and impaired consciousness tended to present between 13 and 22 hours, however, early signs of sepsis such as leg pains, and changes in peripheral circulation (cold hands and feet and abnormal skin colour) developed usually **around 8 hours** after illness commenced. The average time from beginning of illness to hospital admission was 19 hours.

Hrs after onset	Signs/Symptoms
4-6 hrs	Non-specific signs/symptoms
~ 8 hrs	Leg pain, pallor, cold hands and feet
13 - 22 hrs	Rash, headache, neck stiffness, photophobia, impaired consciousness

Classic symptoms are used conventionally for the purposes of public awareness and for clinical diagnosis. These symptoms tend to occur later in the clinical course of the disease (in the pre-hospital setting), and therefore, parents and doctors may be over-reliant on them for diagnosis.

It is important to remember that the disease can progress from initial symptoms to death within hours. Identifying earlier symptoms of infection (sepsis) could potentially speed up diagnosis and hospital admission, and therefore save lives.

Early signs:

Pain (leg pain)

Pallor (pale, mottled skin)

Poor peripheral circulation (cold hands and feet)

Thompson M et al, (2006), Clinical recognition of meningococcal disease in children and adolescents, *The Lancet*, Online: Jan 11, 2006.

Travel-vaccine news

Please note that Sanofi Pasteur MSD is unable to supply Viatim[®] (typhoid/hepatitis A vaccine) and will only supply Typhim-Vi[®] (typhoid vaccine) in packets of 10. However, alternative vaccines by GSK, Hepatyrix[®] and Typherix[®], are available to community pharmacists from local wholesalers.

As Diftavax[®] (Td - low-dose diphtheria and tetanus) stocks are now exhausted, prescribers are advised to follow the 'Green Books' guidelines for polio, tetanus and diphtheria vaccinations. Revaxis[®] (Td/IPV) is recommended where protection is required against tetanus, diphtheria or polio in order to provide comprehensive, long-term protection against all three diseases. Updated chapters in the 'Green Book' are available at the web-site address below <http://www.dh.gov.uk/assetRoot/04/11/78/32/04117832.pdf>

AIDS (Control) Act Report

GGNHSB has recently approved the 18th annual AIDS (Control) Act Report for 2004-2005. This report is a statutory requirement of every health board and is published annually for the period March 31st to April 1st.

The key points in this years report are as follows:

- **118** new cases of HIV infection were diagnosed
- **32** of these cases resulted from sexual intercourse between men, **65** from heterosexual intercourse, **15** from other or undetermined routes, **3** from injecting drug use and **3** from infected mother to child
- As last year, heterosexuals have the highest number of cases of any group - **55%** of the total new cases reported
- Universal antenatal HIV testing has been offered to all women receiving antenatal care in Greater Glasgow since August 2003. It is important to note that the 3 children infected by mother-to-child transmission were not born in the UK and therefore their mothers did not have the opportunity to participate in the universal HIV antenatal screening programme. Ten women, not previously known to be HIV-positive were identified through the screening programme. All were offered appropriate treatment and care and referred to HIV specialists for on-going treatment
- To date, none of the children born to women in Glasgow whose HIV positive status was known prior to delivery or who were delivered in specialist services, has been positive for HIV
- There have been **972** cases of HIV infection reported in the GGNHSB area since reporting began
- **20** new cases of AIDS were reported however there was only **1** death during 04/05. This compares to **42** in 92/93 and reflects the continuing success of the drug treatment known as HAART (highly active anti-retroviral therapy) even amongst those presenting at an advanced stage of disease or with co-morbidity
- HIV specialist services are provided at the Brownlee Centre by both infectious diseases and genito-urinary physicians. During the year, **644** patients were followed up of whom around 80% were from Greater Glasgow
- The cost of HIV-related treatment was approximately 2.7 million pounds in the reporting year. **69%** of the patients currently attending for care are receiving anti-retroviral therapy

The main targeted prevention-measures continue to focus on reducing transmission in men who have sex with men and in drug injectors. Prevention of transmission due to heterosexual sex is addressed through the on-going improvement in generic sexual health and family planning services in Glasgow.

A recent change in the voluntary support sector is that Body Positive Strathclyde, a self-help organisation for people with HIV, has ceased to operate after 15 years.

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