

GGNHSB PHPU NEWSLETTER

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NHSGG pandemic flu plan

Greater Glasgow NHS Board has had a Pandemic Flu Plan at Board level since 1998, shortly after SEHD issued a national plan calling on all health boards to prepare functional plans that outline local preparations and joint working arrangements with the emergency services and local authorities. The UK Health Departments' UK Contingency Influenza Plan was written in 1997 following a small outbreak of H₅N₁ avian influenza in humans in Hong Kong. This was the first significant evidence that what was considered a zoonotic infection could cross the species barrier. Between 1999 and late 2003, there was a series of small outbreaks of avian flu in Hong Kong and Holland involving less virulent strains (H9N2, H7N7). The outbreak in Holland caused mild illness in 88 people and killed a veterinarian.

The picture changed dramatically in December 2003 when a series of large outbreaks of H₅N₁ in both wild and domestic birds was identified in a wide range of SE Asian countries and associated with human outbreaks in Viet Nam and Thailand that demonstrated high case-fatality ratios. These have progressed westward across SE Asia and into the Middle East when, in December 05 and January 06 three and two cases of human infection were identified in Turkey and Iraq, respectively. Meanwhile, the SEHD issued updated versions of the 1997 UK plan three times during 2005 (March, June and October) culminating in demands for much higher level of details in Board-level plans and submission of the NHSGG plan at the end of January '06.

Planning at Board level has involved creating a Pandemic Influenza Strategic Planning Group that consists of the Director of Public Health, the Pandemic Influenza Coordinator, the Medical Director for NHSGG and the heads of the many sub-groups convened to address all the issues involved.

These range from:

- business continuity planning within the NHS;
- planning of the response at primary, secondary and tertiary care level health settings;
- ensuring adequate provision of critical care facilities and equipment;
- providing evidence-based infection control advice and appropriate levels of personal protective equipment;

- preparing a patient group direction to enable health visitors and pharmacists to prescribe antiviral agents and vaccine when it becomes available;
- designing temporary pandemic flu triage centres within CHPs to off-load and supplement traditional primary care settings to enable the controlled distribution of antiviral drugs;
- agreeing how the Golden Jubilee National Hospital and private sector hospitals will support the NHS during a pandemic;
- liaising with university officials in Glasgow to agree how universities and colleges will respond to optimally support their students and staff;
- agreeing a template pandemic flu contingency plan for care homes with the Care Commission, and the relevant private and local authority staff to ensure that this critical service is able to continue to play its vital role in supporting the NHS acute services;
- liaising with social services and emergency planning staff from the six councils within GGNHSB area to enable them to prepare their own response and ensure that they dovetail with the NHS response;
- liaising with local voluntary sector organisations to ensure that they know how they will be responding differently during a pandemic of flu and how they too can support the NHS

Important tasks for the Primary Care Sub-group and the Hospital Clinical Response Sub-group will be to decide which clinical and other services need to be expanded; which need to be retained at their current volume; which can be scaled down; and which can be cancelled. These sub-groups will also address the challenging issue of how to distribute the 200,000-odd courses of *tamiflu* to those who will benefit from it (those identified to be ill with flu within 48 hours of onset) while avoiding the disruption of other NHS services.

The aim of the NHSGG plan is to reduce the stress in responding to one or more pandemic waves lasting 3 months or more, reduce illness, prevent excess deaths and maintain a functioning NHS, thereby minimising the likelihood of civil and economic disruption. The NHSGG believes that the correct approach is careful, joined-up planning, resisting any temptation to contemplate or predict a scenario of doom and gloom.

For further information or to discuss please contact Dr Helene Irvine (CPHM) on 201 4917

New immunisation schedule 2006

The Scottish Executive Health Department (SEHD) has provided advance notice of important changes to the childhood immunisation programme. These have been recommended by the Joint Committee on Vaccination (JCVI) and are due to be implemented later this year.

The proposed changes:

- Introduction of a new conjugate vaccine (Prevenar) to protect against pneumococcal infection, and a pneumococcal vaccine catch-up programme for children up to 2 years of age
- Amending the MenC vaccine programme to give 2 doses of vaccine with the primary course and a booster dose in the second year of life (3 in total)
- Adding a Hib booster in the second year of life

One additional clinic attendance (at 12 months) will be required to facilitate the changes.

The timing of the amended schedule will be as follows:

Age mnths	Vaccine	No of injections
2	DTaP/IPV/Hib + Pneumococcal (conj)	2
3	DTaP/IPV/Hib + MenC	2
4	DTaP/IPV/Hib + MenC + Pneumococcal (con)	3
12	*Hib/MenC	1
13	MMR + Pneumococcal (conj)	2

* additional clinic attendance

The reasons for the changes: (Ref: SEHD/CMO(2006)03)

Pneumococcal: Invasive pneumococcal disease (bacteraemia and meningitis) affects approximately 50 children under the age of 2 in Scotland every year. On average 3-5 of these children die. In addition, pneumococcal meningitis results in permanent disabilities such as blindness and deafness in 50% of cases. The vaccine, which has an excellent safety profile, has been in use in the USA since 2000 and rates of pneumococcal disease have fallen dramatically. A further benefit of the vaccine is that it is effective in eradicating throat carriage, and can therefore help reduce the incidence of pneumococcal disease in the wider community.

Men C: There will be 3 doses in total of Men C given at 3, 4 and 12 months (booster). The advantage of the new schedule is that the booster dose will extend protection in the early childhood years. Research has shown that 2 doses in the first year of life provide the same protection as 3 doses.

Hib: Since 2003, a gradual resurgence of the disease (from 1998 onwards) has been countered with a booster dose of Hib in the second year of life. This has proved to be a successful intervention and to ensure that protection against Hib disease is maintained, a routine booster dose will be given at 12 months.

The booster dose at 12 months will be administered as a combined vaccine (Hib/MenC)

Immunisation seminars

Please note that immunisation seminars have been arranged for 15th and 22nd May 2006 (12.00 - 2.30pm). The venue, as before, will be the Walton Centre, SGH with a buffet lunch provided prior to the lectures. The subject of the talks will be the planned changes to the UK primary immunisation schedule (see opposite). Immunisation staff will be notified in due course and asked to state their date preference.

Avian flu algorithm - update

The recent confirmation of avian flu in birds in more European countries has meant that the avian flu algorithm in last month's newsletter needs to be updated.

The updated list of affected countries is as follows:

Austria (Graz Umgebung, eastern Austria)	Iraq (North east corner close to the border with Iran and Turkey)
Azerbaijan	Italy (Sicily, Calabria, Puglia, southern Italy)
Bosnia & Herzegovina	Japan
Bulgaria	Kazakhstan
Cambodia	Laos
Croatia (Zdenci municipality)	Mongolia
	Niger
China (including Tibet and Hong Kong)	Nigeria
Egypt	Romania
France (Ain, nr Lyon, eastern France)	Russia (Novosibirsk region)
	Slovak Republic
Germany (Ruegen Island)	Slovenia (Maribor)
	Switzerland
Greece (Piera, Thessalonika, Skyros, northern Greece)	Turkey
Hungary	
India	Thailand
Indonesia	Ukraine
Iran	Vietnam

Masks and visors

Please note that FFP3 masks and visors will be supplied to all GP practices in the GGNHSB area. One mask/visor pack per 2.5 GPs in large practices and one pack per GP in single-handed practices have been allocated. These masks have a shelf-life of 3 years and delivery will take place in the next few weeks.

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