

NHSGG and CLYDE NEWSLETTER

Public Health Protection Unit (PHPU) www.nhsggc.org.uk/phpu (TEL: 0141 201 4917)

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Avian flu in dead swan in Fife

Tests have confirmed highly pathogenic H5N1 avian flu in a sample from a swan found dead in Fife on March 29th.

In accordance with a recent EU decision the Scottish Executive is putting in place a *Protection Zone* of a minimum of 3 kilometres radius and a *Surveillance Zone* of 10 kilometres.

Keepers of birds in the Protection Zone are being instructed to isolate their birds from wild birds, by taking them indoors wherever possible. Measures to restrict the transport of poultry, eggs and poultry products from these zones will be brought into effect immediately.

A Wild Bird Risk Area has also been established requiring people in that area to house their birds where possible.

Whilst highly pathogenic avian influenza has been found, there is no reason for public health concern. Avian influenza is a disease of birds and whilst it can pass very rarely, and with difficulty, to humans this requires extremely close contact with infected birds and particularly with their faeces.

Please note that all thoroughly cooked poultry meat and eggs are safe to eat.

Vaccination for poultry workers

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that poultry workers should be given flu vaccination to minimise the theoretical public health risk of avian influenza mixing with seasonal flu and possibly mutating into a pandemic flu strain. As a result of this recommendation, poultry workers have been added to the target groups for the **free influenza vaccination** with immediate effect. The aim is to vaccinate this target group before the end of April 2006.

GPs are asked to vaccinate poultry workers who present with a letter from the PHPU. Please note that NHSGG and Clyde Board has negotiated a Local Enhanced Service (LES) although some poultry workers may have already been vaccinated under existing DES arrangements. Practitioner Services Division (PSD) has issued guidance about the claim procedure to all GPs.

Measles outbreak in Borders

Three linked cases of measles in adults have been confirmed in a rural area in Dumfries and Galloway. One further probable and 7 possible cases in school children (aged between 7 and 15 years) are being investigated. None of the 11 cases has received a measles-containing vaccine in the past. Although there is a community of travellers in the area, no links have been established and the virus source for the index case remains unclear.

By mid-February 2006 there were 72 confirmed cases of measles reported in England compared to 77 confirmed cases for the whole of 2005. Cases this year include the death of an immunocompromised 13-year-old boy in a travelling community. It is important to remember that as many as 1 in 15 cases of measles can result in severe complications which include pneumonia, bronchitis, otitis media and encephalitis.

The PHPU has written to all senior medical and nursing staff in Community Health Partnerships to remind them of the importance of checking the immunisation status of children and, in particular, those children in travelling communities. For unimmunised children, **two doses of MMR, 3 months apart are recommended.**

If a case of measles is suspected by a GP and notified to the PHPU, a salivary-testing kit for the purposes of laboratory confirmation will be offered (201 4932 for any enquiries). Measles may be difficult to diagnose clinically and therefore salivary-testing is essential for confirming true cases. The kit is easy to use and includes a pre-paid label and packaging for GPs to send the specimen to the Health Protection Agency at Colindale, London. The result is sent directly to the GP and copied to the PHPU.

Inappropriate use of HBIG

A&E and primary care staff are reminded that specific hepatitis B immunoglobulin (HBIG) should only be administered to an unimmunised patient where there has been exposure (blood-to-blood) with a **confirmed carrier of Hep B**. Where the Hep B status of the source is unknown an accelerated Hep B vaccination (0, 1, 2, 12) course is recommended only. Where the source is known to be HbsAg negative then the standard Hep B vaccination course (0, 1, 6) should be followed.

Cessation of single Hib vaccine

Single Hib vaccine is soon to be discontinued and current supplies are nearly exhausted. The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that in future, the combined Hib/MenC vaccine (Menitorix®) manufactured by GSK should now be used, where previously single Hib vaccine was indicated.

The Hib/MenC vaccine will soon be used routinely as a booster at 12 months for all children. Other examples where the combined vaccine is indicated are as follows:

- Children and adults with asplenia or asplenic dysfunction
- Immunocompromised individuals where revaccination is recommended, e.g. post bone-marrow transplant
- Children who have been vaccinated according to a non-UK schedule who have completed their primary immunisations of diphtheria, tetanus, pertussis and polio (no Hib or MenC vaccination). Three doses of Hib/MenC are recommended for children under 1 year of age but only 1 dose is required for those over the age of 1 year.

Please note that Hib vaccine is recommended routinely for all children up to age 10 years.

New immunisation programme

The Joint Committee on Vaccination and Immunisation's (JCVI) recommended changes to the childhood immunisation programme were detailed in last month's newsletter (see summary table below).

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

*Please note that there are no additional adverse effects from having three injections at the same time.

The pneumococcal catch-up programme will be introduced to ensure all children up to two years of age will be offered the vaccine.

As the addition of the new vaccines will increase refrigeration-storage requirements within practices, details of packaging will follow. However, the changes to the MenC vaccine schedule will reduce requirements for the single component MenC vaccine.

PHPU and pharmacy departments within local vaccine holding centres (Leverndale Hospital, Inverclyde Hospital and Royal Alexandria Hospital) are available to advise and support staff implementing the new programme.

The link below provides more information at this stage:-
www.dh.gov.uk/publicationsandstatistics/pressreleases/fs/en

Oral typhoid vaccine

Vivotif® (Berna) - the oral typhoid vaccine - was re-introduced to the UK market in March 2006. It can be administered to persons aged 6 years and over as a course of three doses taken on days 1, 3 and 5. Protection against typhoid fever commences approximately 7-10 days after the third dose.

This oral preparation joins the four injectable typhoid vaccines available in the UK for the prevention of typhoid fever:

Typhim Vi®

Sanofi Pasteur MSD

Viatim®

and

Typherix®

GlaxoSmithKline

Hepatyrix®

It should be noted that vaccination against typhoid fever provides only partial protection and does not provide any protection against *Salmonella paratyphi* (the latter being increasingly a cause of enteric fever in UK travellers). All travellers must be advised to take food and water hygiene precautions during their trip.

Further information on typhoid and paratyphoid in travellers is available at:

www.travax.nhs.uk

Whooping cough in Glasgow

The PHPU was recently notified of a confirmed case of whooping cough in a neonate. Please note that severe complications and death occur most commonly in infants under 6 months of age. Where a case is suspected, a pernasal swab should be sent to the local bacteriology laboratory and *vulnerable contacts* managed as outlined below.

Vulnerable contacts

These are defined as neonates, unimmunised or partially immunised children under 5yrs, people with chronic illness (asthma, chronic heart disease) and immunocompromised people. If they live in the same house or have stayed overnight in the same room as the index case since onset of symptoms they should receive erythromycin prophylaxis.

Immunisation for vulnerable contacts under 10 years

Primary immunisation should be completed if incomplete. If complete, then a (4th dose) booster of pertussis-containing vaccine (Repevax®) should be given to those aged between 3.5 and 10 years

This is the first NHS Greater Glasgow and Clyde PHPU newsletter. Any comments from established and new readers are welcome: please contact Marie Laurie on 201 4933 or e-mail at marie.laurie@gghb.scot.nhs.uk