NHSGG and CLYDE NEWSLETTER

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

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Measles cases in Glasgow

The PHPU wrote to all GPs in April informing them of an increase in the number of confirmed cases of measles and sporadic outbreaks nationally, affecting adults and children in a travelling community as well as the indigenous population. GPs were asked to carry out salivary testing where a clinical case of measles was suspected and to take the opportunity to check the immunisation records of children. The advice was to give two doses of MMR with a 3-month gap to those children who were unimmunised.

Since then, 3 confirmed cases have been diagnosed in Glasgow with another 3 cases awaiting confirmation. In view of this, GPs are now asked to add partially immunised children and adults who have arrived from countries outside the UK to the target group. There is evidence that some of these newly arrived individuals have never been vaccinated against measles, mumps or rubella.

Measles study in Scots children

A new population-based study, published in the Archives of Childhood Disease, has revealed that the threat of measles infection in children attending nursery school has risen sharply. The researchers examined the records of over one million children in Scotland between 1987 and 2005 (the MMR was introduced in 1988). The records show a notable decline in uptake rates from 1999 onwards, almost certainly because of negative publicity surrounding the MMR due to the unfounded scare story generated by Dr Andrew Wakefield.

Twenty-five postcode areas, 8 of which are in this Board area, were identified where more than one in five children at nursery school is potentially at risk of contracting measles. Parents in the most affluent sectors tended to either vaccinate their children on time or not at all, while parents in the least affluent areas tended to delay vaccinating their children.

Although rates of MMR vaccine have increased across Scotland in recent months, the levels required for population protection have not yet been reached. No opportunity should be missed in immunising unvaccinated children who have missed their MMR for whatever reason. The recommended schedule is for the first dose to be administered at 13 months with a second dose between 3 and 5 years.

New immunisation programme

Further to the CMO letter from the Scottish Executive Health Department (SEHD) dated 8th February announcing the introduction of a new conjugate vaccine to protect against pneumococcal infection including a catch-up programme for children up to 2 years of age and also changes in the MenC and Hib schedules, 5 immunisation schedules have been arranged to appraise staff on the new programme and schedule (see below). Please note that the 6th seminar in the Vale of Leven Hospital is to be arranged.

The seminars will cover the epidemiology of these infections, the clinical features, vaccine trial and efficacy data, rationale for the changes and other practical details on vaccine supply, storage and call/recall arrangements.

Glasgow venues

15th May SGH 12.00pm–2.30pm (lecture starts 12.30pm)
22nd May SGH 12.00pm – 2.30pm "
22nd May SGH 6.30pm - 9.30pm (lecture starts 7.00pm)

Argyll & Clyde venues

17th May Ravenscraig Hosp., Greenock 12.00pm-2.30pm
31st May Royal Alexandra Hosp., Paisley 12.00pm-2.30pm
To be arranged - Vale of Leven Hospital

Sandwiches, tea and coffee will be provided in the half-hour prior to the lecture.

Crypto reminder

Please note that the cryptosporidiosis season started on the 4th week April/1st week May. Symptoms include watery non-bloody diarrhoea, colic, nausea/vomiting and fever. Stool samples should be obtained from patients with these symptoms.

Clinicians responsible for patients with the conditions listed below are reminded of the DOH's standing advice that such high-risk patients should boil water.

- HIV/AIDS
- Severe Combined Immune Deficiency (SCID)
- Specific T cell deficiencies e.g., CD40 ligand deficiency

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 201 4933 or by e-mail to marie.laurie@gghb.scot.nhs.uk

Recommendation for use of tetanus-containing vaccine and immunoglobulin

Please note that tetanus vaccine is only available as part of a combined product. The following 3-step chart provides guidance on when to use tetanus-containing vaccine and/or human tetanus immunoglobulin, and also advises on the vaccine product to use. The 3 steps should be followed when thorough wound hygiene is complete:

1. Assess immunisation status

Full course is 5 doses of tetanus-containing vaccine at appropriate intervals

UK tetanus immunisation schedule is detailed below
Primary immunisation with 3 doses at least one month apart and usually at 2,3,4 months of age
1st booster dose of t-c vaccine at least 3 years after primary course
2nd booster dose of t-c vaccine at least 10 years after 1st booster

2. Indication for tetanus-containing vaccine and/or human tetanus immunoglobulin

Immunisation status	Vaccine required	*Human tetanus immunoglobulin
Fully immunised (5 doses) or up-to-date with boosters	**No**	**Yes** - if high-risk tetanus-prone injury
Primary immunisation complete but not up-to-date with boosters	**Yes** - for all injuries **Child < 10yrs** dTaP/IPV (Repevax®) DtaP/IPV (Infanrix-IPV®) **Adults & children >10yrs** Td/IPV (Revaxis®)	**Yes** - if tetanus-prone injury Note: should be given in different site from vaccine
Primary immunisation incomplete; or unimmunised; or status unknown /uncertain	**Yes** - for all injuries **Child<10yrs** DtaP/IPV/Hib (Pediacel®) **Adults & children>10yrs** Td/IPV (Revaxis®)	**Yes** - if tetanus-prone injury Note: should be given in different site from vaccine

*Dose of immunoglobulin 250 units IM increase to 500units if >24 hrs since injury; or risk of heavy contamination; or following burns

3. Referral to GP or PHPU for completion of tetanus immunisation

Status following action in Step 2	Further action
Primary complete and boosters now up-to-date	No action required
Primary immunisation incomplete or status unknown	Refer to GP for follow-up and completion of course or to PHPU (201 4917) if GP unknown

Definitions: Tetanus-prone injuries and high-risk tetanus-prone injuries

Tetanus-prone injuries
Wounds or burns requiring surgical intervention, if surgery delayed >6hrs
Wounds or burns with significant devitalised tissue or puncture type (particularly when in contact with soil/manure)
Wounds containing foreign bodies
Compound fractures
Wounds or burns in patients who have systemic sepsis

High-risk tetanus-prone injuries
Wounds/burns that are heavily contaminated with material likely to contain tetanus spores (e.g. soil/manure) and/or extensive devitalised tissue

Important note: Injecting drug users (IDUs)
IDUs may be at risk from tetanus-containing illicit drugs. Every opportunity should be taken to assess the immunisation status of IDUs and to give tetanus-containing vaccine (Revaxis) if immunisation is incomplete or status uncertain