

NHSGG and CLYDE NEWSLETTER

INSIDE THIS ISSUE

- Flu & pneumococcal programme 2006
- Flu-vaccine uptake by LHCC and CHCP
- NHSGG & Clyde pandemic-flu plan
- BCG clinics

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Flu & pneumococcal programme

The CMO letter (CMO(2006)8) dated 29th June 2006 set out the policy background and arrangements for this year's vaccination programme.

A further letter, (CMO(2006)12), has updated the situation. Due to the manufacturing difficulties, delivery of the influenza vaccine will be slightly delayed. A small quantity may be available in September, however, the bulk of the supply will be delivered in October and November (see below). Manufacturers are contacting customers directly to advise them of the re-scheduled delivery dates. In addition, the SEHD is attempting to secure a central stock of influenza vaccine as a security measure.

It is imperative that GPs liaise closely with the community pharmacy supplying the vaccine to ensure availability prior to the final scheduling of clinics. Assurances have been given that sufficient supplies will be available, so pharmacies and practices are discouraged from "shopping around" as this will adversely affect supplies.

The current delivery schedule for 2006 is as follows (the percentage for the previous year provided by comparison in brackets) :

September 8% (15.5%)
 October 52.8% (62.6%)
 November 23.2% (18.6%)
 December 15.6% (2.2%)

Manufacturers have given the following delivery dates;

Weeks commencing 9/10/2006 and 13/11/2006	Solvay
Week commencing 23/10/2006	Wyeth
Week commencing 23/10/2006	Sanofi
Week commencing 13/11/2006	Chiron

Uplift and disposal of last year's vaccines

GP practices are asked to return all flu vaccines from last year (05/06 flu season) to the local vaccine holding-centre for disposal. Please note that it's necessary to phone the centre first to arrange uplift of vaccines.

Targets

Throughout the UK, the target for vaccinating the over-65s with influenza vaccine is 70%, while a target of 60% has been set for those aged under 65 years in high-risk groups. GPs are asked to maximise vaccine-uptake in both categories. In 2005/06, the uptake in Glasgow was 75.44%, in the former A&C Health Board it was 78.08%, compared to the Scottish average of 77.8%. So, although NHSGG&C reached its target in 2004/05 GP practices are encouraged to exceed this in 2006/07.

Flu-vaccine uptake by LHCC

Performance percentage by LHCC 2002-05

LHCC	% uptake	% uptake	% uptake
Anniesland/ Bearsden/Milngavie	72.9	75.6	77.4
Bridgeton & Environs	51.9	56.1	61.2
Camglen	64.4	69.3	72.5
Clydebank	62.5	68.9	68.7
Dennistoun	60.1	65.5	65.3
Drumchapel	63.3	65.7	65.9
Eastern Glasgow	66.5	70.8	72.5
Eastwood	70.3	72.9	75.7
Greater Shawlands	65.7	66.3	75.2
Maryhill/Woodside	56.2	61.7	66.2
North Glasgow	59.5	62.0	62.6
Riverside	60.8	67.7	69.7
South East	55.9	66.2	67.6
South West	64.6	70.7	69.4
Strathkelvin	65.3	70.0	69.7
Westone	66.5	69.8	74.5
Total	63.3	68.4	70.3
Scotland			68

Performance percentage by CH(C)P

2005-06

CHP	% uptake
Eastwood/Levern Valley	79.76
Camglen	79.06
East Dunbartonshire	78.92
South West	76.12
West	75.47
East	74.24
West Dunbartonshire	74.18
South East	73.27
North	71.18
Total NHSGG	75.44
Former A&C	78.08
Scotland	77.8

NHSGG&C pandemic flu plan

There is much work going on behind the scenes in pandemic-flu planning across NHSGG&C and updated plans will be available in early November. These plans consist of an NHSGG&C-wide plan describing the public health-led response at Board level and the clinical and managerial responses at all service levels in primary and secondary care including:

- infection control
- critical care
- pharmacy (prescribing of oseltamivir (Tamiflu))
- occupational health (vaccination of NHS staff)
- hospital mortuary services

There is also a range of supporting multi-agency plans including:

- local authority plans to ensure business continuity of social services;
- regional police force plans
- voluntary sector plans to draw on volunteers from the British Red Cross and WRVS
- universities and colleges plans
- mass casualties plans

One major task has been enumerating those people in the seven priority groups outlined by central government who will require to be vaccinated when a pandemic-specific vaccine becomes available. Command and control structures are being agreed to ensure that each agency, including Strathclyde Police who would lead the non-NHS response, understands its role and accountability in what is a pan-Strathclyde response.

A flu pandemic may affect the population in two or more waves, each of which could last for several months. There is no guarantee that a second wave would be any less of a challenge than the first. Statistical modelling provided by the Scottish Executive Health Department (SEHD) suggests that between 25% and 50% of the population might become ill with flu during a single pandemic wave with between 0.37% and 2.5% succumbing. It is predicted that up to three such waves might affect the population until immunity becomes almost universal. As such, any planned response to a flu pandemic needs to be able to contemplate the possibility that between 65,000 and 130,000 NHSGG&C residents might become ill per week at the peak of the pandemic wave and between 1,000 and 15,000 might die over the entire duration of a single wave. This response therefore is quite unlike anything the Board has ever planned for in the past.

Essential components of the planned response to a pandemic include:

- An overall strategy that emphasises effective self-treatment and encourages management of the vast majority of ill patients within the community via an integrated communication strategy

- A sophisticated helpline (until NHS24 organises a national helpline to supersede it) which will process up to 5000 calls per hour providing automated information and advice that directs the most ill patients to their GP and discourages self-referral to A&E and inappropriate use of the Scottish Ambulance Service
- Patient Group Directions (PGD) to enable non-medical staff to prescribe Tamiflu e.g., community pharmacists would be able to prescribe the antiviral agent 'over the counter'
- An adequate provision of infection control advice and personal protective equipment based on activity and site-specific risk assessments
- Hospital-based and primary-care-based pandemic plans with provision to prioritise services and cancel non-essential activity
- Support of private sector and local authority care homes to enable staff to look after the frail elderly in the community given that hospitals will be challenged with high admission and occupancy rates
- Business continuity and flu plans of multi-agency partners to minimize the risk of societal breakdown as a result of high staff absence and concern about infection risk
- Plans for managing the higher-than-usual death rates that might occur
- Plans reflecting major changes in how support services such as catering, cleaning, waste-disposal, telecoms, fuel etc. are provided
- Plans reflecting major alterations to assumptions about staffing levels, roles and responsibilities.

A critical element of the response is the role of primary care in responding to the demand to see a healthcare professional.

To keep abreast of SEHD planning efforts access the following website address

www.show.scot.nhs.uk/sehd/pandemicflu/Pages/PanfluTeamUpdates.htm or request e-mail pandemic flu planning updates (by clicking 'register' under 'subscribe for updates' on www.scotland.gov.uk/home).

Please note that responsibility for coordinating pandemic flu planning in NHSGG&C transfers from Dr Helene Irvine to Dr Oliver Blatchford (CPHM) as of 1st November 2006.

BCG clinics

Health visitors are asked to check if Mantoux testing is required for children referred to the community clinics and to inform the PHPU accordingly. This ensures that children are referred to the appropriate clinic.

Mantoux testing should be done if:

- a child is aged over 6 years
- a child (under 6 years) has been in a country of high prevalence for > 1 month

If you would like to comment on this newsletter contact Marie Laurie on 201 4933 or at marie.laurie@gghb.scot.nhs.uk