

NHSGG and CLYDE NEWSLETTER

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HepB and 'at risk' infants

An updated hepatitis B immunisation programme for 'at risk' infants starts on 1st May 2007 within NHS Greater Glasgow and Clyde area.

There are two groups of babies who are at increased risk of contracting hepatitis B infection:

- Babies of mothers who are chronically infected with hepatitis B virus
- Babies of mothers not known to be infected but who participate in high risk behaviour, e.g. injecting drug users, sex workers

Mothers are identified during pregnancy and newborns begin a course of hepatitis B vaccine (together with hepatitis B immunoglobulin if required) at birth in the hospital.

The updated immunisation programme will be co-ordinated by the Screening Department at Gartnavel Hospital and letters issued to the GP/health visitor and parent when the subsequent doses are due (1 month, 2 months and 12 months of age). After the health visitor gives a dose of vaccine and informs the Screening Department, an automatic letter will be generated when the next dose is due. The system will also generate reminder letters for the GP/health visitor if the Screening Department has not been informed that the baby has received the 2nd, 3rd or 4th dose of vaccine.

Babies born to mothers who are chronically infected with hepatitis B virus should have serology at 12 months to check that they have not become infected with the virus. A paediatrician can take this blood test if required.

Babies born to mothers who are chronically infected with hepatitis B virus also require a pre-school booster of hepatitis B vaccine. The Screening Department will send a letter to the GP/health visitor and parent about this booster.

For further information please contact PHPU, 0141 201 4917.

New 'Green Book'

The Public Education Resource Library at NHSGGC Board has recently obtained a supply of the updated 'Green Book' Immunisation against infectious disease. Relevant health professionals who don't have a copy of the updated version should contact the PERL on 0141 201 4915.

Primary immunisation rates 06

The table below summarises the primary immunisation uptake rates for the year 2006 (1st January - 31st December) by Community Health Partnership.

% Completed primary course at 2 years of age by CHP

CHP	D	T	P	Polio	Hib	MMR	Men C
East Dun.	98.3	98.3	98.3	98.3	98.1	92.0	96.9
East Glasgow	98.6	98.6	98.6	98.5	98.1	92.6	97.0
East Renfrewshire	98.7	98.7	98.7	98.6	98.7	94.1	98.0
Inverclyde	99.2	99.2	99.2	99.2	99.2	93.5	99.3
North Glasgow	96.9	96.9	96.9	96.8	96.5	90.8	96.5
Renfrewshire	97.9	97.9	97.9	98.2	97.8	91.8	98.5
S.E Glasgow	96.6	96.6	96.6	96.6	95.6	91.1	94.6
SW Glasgow	98.1	98.1	98.1	98.0	97.1	92.2	97.0
West Dun.	98.4	98.4	98.4	98.6	98.6	93.3	99.0
West Glasgow	96.8	96.8	96.8	96.9	96.3	90.7	95.2
South Lanarkshire	98.8	98.8	98.8	98.9	98.8	91.5	98.5
GGCNHSB	97.9	97.9	97.9	97.9	97.5	92.2	97.1
Scotland	97.9	97.9	97.8	97.9	97.6	92.1	97.0

New Infection Control Manager

Following the recent retiral of Dr Bill Anderson, the Board is pleased to welcome Tom Walsh as the Infection Control Manager for NHS Greater Glasgow & Clyde.

Currently working within the Acute Planning Team at Dalian House, he will join the infection control team on a full-time basis from the end of June 2007 but will take active interest in Infection Control in the interim.

He comes to us with previous experience as the Infection Control Manager for Argyll & Clyde and has a broad background in nursing and general management roles within the NHS. He is very much looking forward to working with colleagues on the challenging and fast-paced agenda around HAI (Hospital Acquired Infection) and Infection Prevention and Control.

He can be contacted at: tom.walsh@ggc.scot.nhs.uk

VACCINATION OF INDIVIDUALS WITH UNCERTAIN/INCOMPLETE IMMUNISATION STATUS

2 - 12 months of age	>12 months - 2 yrs of age	>2yrs - 10 yrs	10 yrs and over
<p>DTaP/IPV/Hib* + PCV**</p> <p>- 4 week gap -</p> <p>DTaP/IPV/Hib + MenC*</p> <p>- 4 week gap -</p> <p>DTaP/IPV/Hib + MenC + PCV</p> <p>*When Hib and/or MenC have not been given as part of a primary course give:</p> <ul style="list-style-type: none"> • 3 doses of Hib-containing vaccine at monthly intervals • 2 doses (minimum) of Men C-containing vaccine at monthly intervals <p>OR</p> <ul style="list-style-type: none"> • 3 doses of MenC/Hib combined vaccine <p>**When PCV has not been given as part of a primary course give 2 doses at least 2 months apart (but can be given 1 month apart if necessary to ensure two doses before the age of 12 months)</p>	<p>DTaP/IPV/Hib* + PCV + MMR + MenC</p> <p>- 4 week gap -</p> <p>DTaP/IPV/Hib</p> <p>- 4 week gap -</p> <p>DTaP/IPV/Hib</p> <p>* All children require 1 dose of Hib, MenC, and PCV over the age of 1 year</p>	<p>DTaP/IPV/Hib + MenC + MMR</p> <p>- 4 week gap -</p> <p>DTaP/IPV/Hib + MMR</p> <p>- 4 week gap -</p> <p>DTaP/IPV/Hib</p> <p>* All children require 1 dose of Hib and MenC over the age of 1 year</p>	<p>Td/IPV + MenC* + MMR</p> <p>- 4 week gap -</p> <p>Td/IPV + MMR</p> <p>- 4 week gap -</p> <p>Td/IPV</p> <p>* 1 dose of Men C for 24 yrs and under</p>
Booster	Booster	Booster	Booster
As per UK schedule	<p>As per UK schedule</p> <p>An additional dose of DTP/IPV/Hib given under 3yrs of age does not count as a booster to the primary course and should be disregarded</p>	<p>1st dTAP/IPV or DTP/IPV booster can be given as early as 1 year after completion of primary course to re-establish on routine schedule</p>	<p>1st Td/IPV booster preferably 5 yrs following completion of primary course</p> <p>2nd Td/IPV booster 5-10 yrs after 1st booster</p>
	MMR	MMR	MMR
	<ul style="list-style-type: none"> • Doses of MMR/measles given prior to 12 months of age should not be counted • For individuals <18 months of age a minimum interval of 3 months should be left between 1st and 2nd dose of MMR • For individuals >18 months of age a minimum of 1 month should be left between 1st and 2nd doses of MMR • 2 doses of MMR should be given irrespective of history of measles, rubella or mumps infection and/or age. 		

General Principles

- Unless reliable vaccine history, individuals should be assumed to be **unimmunised**, and a full course of immunisations planned
- Individuals coming to UK part way through their immunisation schedule should be transferred onto the UK schedule and immunised as appropriate for age
- If primary course has been started but not completed, continue where left off - **NO NEED TO REPEAT DOSES OR RESTART COURSE**
- **IPV** should be used to complete a vaccination course which may have been started with OPV
- **aP** should be used to complete a primary course which may have been started with whole cell pertussis vaccine
- **MenC/Hib** combined vaccine can be used when Hib alone or Hib/Men C is required
- A minimum of 1 year should be left between DTP/IPV primary course and 1st booster and a minimum of 5 years should be left between the 1st and 2nd boosters

Note: BCG and HepB vaccine are not included in this algorithm