

NHSGG and CLYDE NEWSLETTER

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Hib/MenC - adult use

Immunisation staff should be aware that monovalent Hib vaccine is no longer available and that Hib/MenC vaccine should now be used when protection against Hib and/or MenC is required. The Hib/MenC conjugate vaccine should be administered to all adults with asplenia or splenic dysfunction, 2 doses, 2 months apart. Post bone-marrow transplant patients should receive 1 dose at least 1 year post transplant.

Although the manufacturer's specifications states that the vaccine is only licensed up to age 2 years, this is because there is insufficient efficacy data for individuals over the age of 2 years (it is not widely used over this age except for a small number of at-risk individuals).

The recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) are built upon the most up-to-date scientific evidence and endorsed by the Department of Health and the Scottish Executive Health Department. The recommendation of the JCVI on this matter, expressed in the new Green Book, is that the Hib/MenC vaccine can be used, where indicated, in individuals of any age.

It is important to note that JCVI recommendations override the manufacturer's specifications of vaccines, and staff who adhere to the guidance contained within the Green Book are legally covered.

Pertussis - 'Green Book' error

Please note that there is a typographical error on page 282 of the *Pertussis* chapter in the new Green Book. The section refers to the primary immunisation of children under 10 years of age who have completed a primary course (diphtheria, tetanus, polio) but have not received 3 doses of pertussis-containing vaccine.

At the bottom of page 281 it states that these children should be offered one dose of combined DtaP/IPV (Infanrix) or DtaP/IPV/Hib (Pediace) vaccine to provide some priming against pertussis. At the top of page 282 the next sentence *should* read ...'The *d*TaP/IPV vaccine, which contains a lower dose of pertussis antigen, should only be used as a booster in fully primed children'.

Hepatitis B vaccine - babies

Immunisation staff are reminded that they should not order hepatitis B vaccine for babies from Leverndale hospital pharmacy. **The vaccine must be obtained on prescription through primary care.**

Hand Hygiene Co-ordinator

The PHPU recently welcomed Stefan Morton to the new post of NHSGG&C Hand Hygiene Coordinator. Since qualifying as a podiatrist in 1994, he has worked in the community in Glasgow and East Dunbartonshire.

His main role will be auditing for the national campaign to monitor and improve compliance with hand hygiene initially in the acute hospital settings.

He is looking forward to the challenges of the post and in meeting the various professional groups involved in hospital infection control.

Contact him at: stefan.morton@ggc.scot.nhs.uk or on 201 4917.

Blood-sampling device recall

On 24th April, Scottish Healthcare Supplies issued a safety action notice announcing that Owen Mumford Limited had recalled five batches of Unistik 3 blood-sampling devices due to potential for needlestick injury to users and damage to the sampling site.

Owen Mumford manufactures a range of single-use capillary blood-sampling devices including Unistik 3 Normal, Unistik 3 Comfort and Unistik 3 Neonatal & Laboratory. The company has established that the needle may not retract fully after firing, due to a manufacturing fault.

There is a risk of needlestick injury to the user and damage to a patient's sampling site if the needle fails to retract. Owen Mumford has therefore recalled five implicated batches of the product which were distributed between 6th September and 7th November 2006 in boxes of 100.

Health clearance for HCWs

The Department of Health (DoH) has issued new guidance to the NHS on health clearance for tuberculosis, hepatitis B, hepatitis C, and HIV in *new* healthcare workers. This would include newly appointed HCWs, those moving to a post or training that involves exposure-prone procedures (EPP), and also returning HCWs depending on what activities they have engaged in while away from the health service.

The guidance recommends that all *new* HCWs have checks for tuberculosis disease/immunity, and are offered hepatitis B immunisation with post-immunisation testing and the offer of tests for hep C and HIV.

Hib - management of contacts

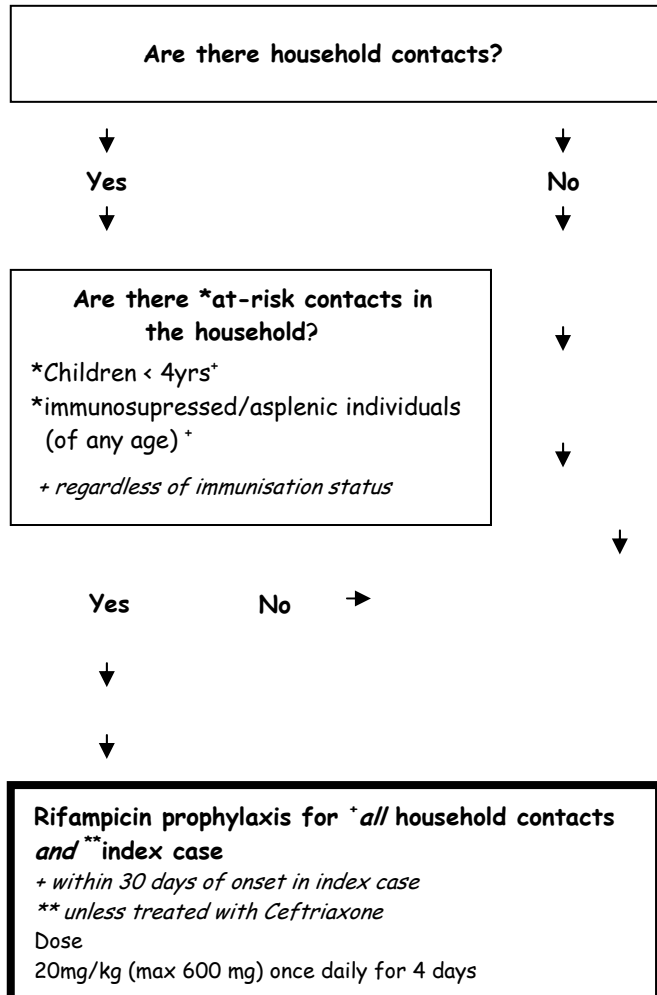
Recently a case of invasive *Haemophilus influenzae* type b (Hib) disease was reported to the PHPU. Household contacts of a case of invasive Hib disease have an increased risk of contracting the disease. Unimmunised children under 4 years are at substantial risk. Older unimmunised, and even immunised children, may also be vulnerable. Depending on the composition of the household, some children may require chemoprophylaxis *and* vaccination.

Vaccination of household contacts

- Unimmunised/partially immunised children <10yrs - give required number of doses of DTaP/IPV/Hib to complete immunisation (doses given 1 month apart)
- Children <1 yr with no history of Hib vaccination but history of 3 doses of DTaP/IPV - give 3 doses of Hib/MenC (1 month apart)
- Children over >1 yr and <10 yrs with no history of Hib vaccination but history of 3 doses of DTaP/IPV - give 1 dose of Hib/MenC

Chemoprophylaxis for household contacts

The following flowchart directs the clinician in establishing the need for chemoprophylaxis in the index case and contacts. The purpose of prophylaxis is to prevent transmission of Hib to at-risk contacts within a household.



The Health Protection Agency (HPA) has reported that cases of wound botulism continue to occur among injecting drug users (IDUs) in the UK. The Centre for Infections received reports of 22 suspected cases in 2006, fewer than in each of the previous two years, with 28 cases reported in 2005 and 40 in 2004. A total of 134 suspected cases have now been reported since the first cases were reported in 2000.

Of the 22 cases in 2006, 18 were in England, three in Scotland, and one in Wales. As with previous years, the majority of individuals were male (73%). The average age was 40 years, which is older than in previous years (demographic information has been systematically collected for cases since 2002).

Nine of the cases in 2006 were laboratory-confirmed either by detection of botulinum toxin in serum or wound tissue or by isolation of *Clostridium botulinum* from wound tissue. Of these, six cases were identified as type-A toxin, one as type-B and in two cases both type-A and type-B toxins were detected. However, laboratory procedures are insensitive and an unconfirmed laboratory result does not exclude a diagnosis of botulism. Botulinum antitoxin is effective at reducing symptoms if given early in the course of the infection. (In NHSGG&C botulinum antitoxin can be obtained from the pharmacy department at the Royal Infirmary, Glasgow). If clinical symptoms indicate botulism, the clinician should not wait for the results of microbiological testing before administering the antitoxin. *C. botulinum* is sensitive to benzylpenicillin and metronidazole. Surgical debridement is important to reduce the organism load and avoid relapse after antitoxin treatment.

All of the cases in 2006, where detailed patient information was provided, were admitted to hospital, the majority to intensive care. Only one individual reported that they did not have either a wound, boil or abscess present. Two individuals died, one of whom did not receive botulinum antitoxin. All of the other cases received antitoxin.

All thirteen cases for whom information about drug use was available reported injecting heroin. Wound botulism among injecting drug users has been associated with 'skin popping' (subcutaneous injection) and 'muscle popping' (intramuscular injection). Of the 12 cases who provided information about their injecting practices, only seven reported skin or muscle popping as their primary or secondary method of drug use. It is possible that the individuals who or muscle did not report skin popping injected muscle or skin into their muscle or skin whilst intending to inject intravenously.

No prophylaxis

www.hpa.org.uk/hpr/archives/2007/news2007/news1707.htm#botulism

IDUs and wound botulism

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