

NHSGG and CLYDE NEWSLETTER

INSIDE THIS ISSUE

- Immunisation resource pack
- Interpreters and BCG
- Pertussis PCR - swabs
- Flu-vaccine uptake rates
- Festive food tips
- Vaccine storage in surgeries
- New gonorrhoea tests
- Chikungunya virus in Europe

MERRY CHRISTMAS & HAPPY NEW YEAR

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

Volume 6 Issue 11

Dec 2007 / Jan 2008

Immunisation resource pack

The PHPU has developed an immunisation resource pack to provide information and support for staff within NHS Greater Glasgow and Clyde involved in immunisation in the community. Chapters include information on routine immunisation schedules, management of clinics, audit, FAQs, vaccine ordering, and equipment. In addition, the folder has a section where PHPU newsletters and other updates can be stored. The pack will be distributed to all practices, health visitors, school nurses and CHCPs in NHSGG&C in January 2008.

Interpreters and BCG clinics

Interpreters booked for BCG clinics are often not required due to an English-speaking relative/friend accompanying the non-English speaking parent. From January 2008 interpreters will only be arranged where there is no English speaking relative/friend able to accompany the parent/guardian to the clinic. The PHPU team will endeavour to arrange appointments (within the limits of the clinics) to accommodate people's work/family/other commitments.

Please note there is no requirement for babies to be vaccinated before the age of 3 months, unless planned travel to a high-risk country is imminent. Babies and children under 6 years need not be skin-tested unless they've lived in a high-risk country/region for 3 months or longer.

Pertussis PCR - pernasal swabs

The microbiology laboratory at RHSC (Yorkhill) plans to send two pernasal swabs (for *B. pertussis* PCR) to each GP practice in the NHSGG&C area. Information on how to order further supplies will be enclosed. Practices should expect delivery via the black bag system in January.

Flu-vaccine uptake rates

The rates below are based on data submitted voluntarily by practices to HPS and are not finalised. Actual rates may be higher.

Flu-vaccine uptake rates at 31/10/07

Area	% Uptake rate >65yrs	% Uptake rate at-risk groups
NHSGG&C	50.5	25.4
Scotland	47.83	25.27

Festive food tips

The PHPU continues to get frequent reports of foodborne infections including those caused by salmonella and campylobacter. In the GGNSB area, food-safety officers from local environmental health departments investigate all confirmed cases. Most of these infections are sporadic and many are attributed to undercooked meat or poultry prepared at home.

To ensure a trouble-free festive time, the PHPU advises that these basic food-preparation steps are followed:

- Always keep raw and cooked meats and poultry separately
- Clean ALL surfaces and utensils thoroughly following food preparation
- Store raw meat and poultry in a covered container at the bottom of the fridge
- Keep the fridge temperature between 0° - 4°C
- Thoroughly defrost frozen meat and poultry before cooking (check defrosting instructions on the wrapper)
- Cook meat and poultry thoroughly until juices run clear
- Never eat raw eggs
- Wash salads, fruit and vegetables in clean, running water
- Wash hands before and after food preparation

Note: Many supermarkets now sell pop-up turkey timers that indicate when the bird is cooked.

Vaccine storage in GP surgeries

All practice visits supporting the review of vaccine storage in primary care have now been completed and work is continuing on the review of the results and preparation for a final report to be completed early next year.

The Pharmaceutical Public Health department is currently awaiting the return of around 40% of the individualized feedback summary reports. These reports should be signed by the GP in the practice responsible for immunisation and indicate their level of agreement with the recommendations made as a result of the visit. This is urgently required for our audit trail and governance arrangements. **The PPH would be grateful if any practice which has not yet responded could return their signed summary report by fax to 0141 201 4949 for the attention of Michelle McArthur**

New Gonorrhoea tests

There has been an important new development in testing for sexually transmitted infections (STIs) in NHS Greater Glasgow & Clyde (NHSGGC). The West of Scotland Specialist Virology Centre, based at Gartnavel, has been developing a new diagnostic test for gonorrhoea, called nucleic acid amplification testing (NAAT). This new test offers substantially increased sensitivity of gonorrhoea detection in both men and women. NAAT technology has been used for Chlamydia testing since 1997 and following extensive validation, NHS Greater Glasgow & Clyde has approved introduction of a new **duplex NAAT** test that incorporates both **Chlamydia** and **Gonorrhoea**.

From 7th January 2008 the virology lab. at Gartnavel will replace the current Chlamydia test with the new duplex test.

Why do we need to change?

Improving the range and coverage of sexual health services, including delivery of STI testing and screening in non-NHS settings, is a key strategic priority within NHSGGC. Reliable, accurate diagnostic tests that can perform adequately in sub-optimal storage or transport conditions are needed to achieve this.

Gonorrhoea (*Neisseria gonorrhoeae*) is a sexually transmitted infection that is frequently asymptomatic, particularly in women. Current testing for gonorrhoea relies on culture of clinical material from potentially infected sites, which requires multiple invasive swabs from both women and men.

As *N. gonorrhoeae* has stringent culture requirements and survives poorly in transport, samples for diagnosis must be transported under conditions adequate to maintain the viability of organisms, inoculated and cultured in the appropriate conditions, all with a minimum of delay. Compared with direct plating, there is a loss of approximately 10% of positive specimens after transport in transport medium for less than one day. Prolonged transport increases the loss of positive specimens, rising to as much as 55% after two days. It is known that a substantial proportion of culture samples taken from patients in primary care currently do not contain viable gonococci by the time they reach the laboratory

In practice, this means that currently patients with suspected gonorrhoea need to be referred to specialist sexual health services, to ensure that the diagnosis is not missed.

The new duplex NAAT test however is highly sensitive and is not reliant on growth of live organisms, therefore it offers the potential to make a reliable diagnosis of gonococcal infection in the community.

What will the change involve?

Gonorrhoea can be effectively diagnosed in **urine samples in men** and **cervical and vaginal swabs** in women. (NAATs tests on urine samples from women do not offer acceptable sensitivity for gonorrhoea detection). This means that it would no longer be necessary to collect multiple invasive swabs for immediate culture in stringent conditions.

Men should provide a first-catch urine sample (first 15mls of urine voided), to maximise the cell count in the sample.

This is the same sample type as is currently taken for chlamydia testing.

In women, the ideal sample type is a cervical or vaginal swab. Urine specimens are less likely to detect chlamydial infection and sensitivity is unacceptably low for gonorrhoea detection. If a speculum examination is planned, a cervical specimen is preferred, but if not, a vaginal sample is also suitable. **Please note that the vaginal sample may be collected by the patient or clinician.**

There will be a new laboratory test request form 'Sexually Transmitted Infection Investigation' which allows the clinician to select the appropriate clinical investigation in keeping with the patient's presenting symptoms. Copies of this new form can be ordered from stores.

There is also a patient information sheet instructing the patient on how to take a swab sample. This information sheet will be sent out to all GPs shortly via the Sandyford Shared Care scheme. Further copies can be downloaded from the Sandyford Professional website.

When will the change be introduced?

Initially, the new test and clinical request form will be launched only for users of the West of Scotland Specialist Virology Centre, based at Gartnavel General Hospital, on 7th January 2008. The Southern General Hospital laboratory will also move to a similar protocol in early 2008 and timescales and details surrounding this change will be available shortly. The remaining laboratories in Glasgow and Clyde will continue with existing procedures until the Laboratory Directorate undertakes further strategic planning.

Want to know more?

Further details are available from:

- Sandyford Professional Website
<http://www.sandyford.org/>
- Sandyford Primary Care Health Advisers: 211 8634
- West of Scotland Specialist Virology Centre: 211 0080

Chikungunya virus in Europe

The first case of Chikungunya virus in Europe was diagnosed in an Indian man who was visiting relatives in Castiglione di Cervia in Italy. His symptoms, high fever, joint pain and rash, developed on the 23rd July 2007, two days after his arrival in the small Italian village. This triggered an epidemic of similar fevers in the residents of this village and also a neighbouring village across the river. An investigation by the public health department concluded that this was a tropical infection spread by some species of mosquito. One of them, *Aedes albopictus* was already resident in Italy when the Indian case arrived and the dense population of mosquitoes around Castiglione di Cervia quickly picked up the virus and passed it on to a total of 205 people in the region. The occurrence of an outbreak of CHIKV in a country with a temperate climate emphasises that the predicted globalisation of human beings and vectors has become a reality. (*Lancet* 2007; 370)