

NHSGG and CLYDE NEWSLETTER

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Volume 7 Issue 3

April 2008

Dengue fever in travellers

There has been a notable increase in the numbers of cases of Dengue fever in travellers to Rio de Janeiro State district in Brazil in 2008. Since 01/01/08, there have been 39,000 cases with 49 deaths reported via the EWRS (Early Warning and Response System).

Dengue fever is caused by a flavivirus and is transmitted by the bite of the mosquito *Aedes aegypti* - bites are generally during the day. It is endemic in over 100 countries, threatening 40% of the world's population. The mosquito becomes infected with dengue when it feeds on people who are already infected with dengue. Person-to-person spread has not been reported. There are 4 viral serotypes of the disease, all of which have been associated with epidemics that can be quite explosive and have become more frequent and larger in the past 25 years.

The presentation of the illness ranges from mild to severe, therefore, the number of cases in a population is probably higher than reported as persons with the milder form of the illness may not seek medical attention. Children usually have a milder disease course than adults.

Most patients report flu like symptoms in the early stage of the disease progressing to symptoms including fever, intense headache, muscle and joint pains, nausea, vomiting, and rash (usually generalised and maculopapular in appearance). On rare occasions the disease progresses to Dengue Haemorrhagic Fever (DHF) or Dengue Shock Syndrome (DSS) which may have a fatal outcome. It has been postulated that DHF and DSS may be caused by subsequent infections caused by a dengue virus of a different serotype. Life-time immunity is acquired with only the infective serotype. Dengue fever cannot be prevented by vaccination or chemoprophylaxis, the only way of reducing the risk of being infected is by avoidance of mosquito bites, covering as much of the skin as possible, using bed nets, insect repellents and insecticide sprays.

Dengue fever should be considered as a possible diagnosis in febrile travellers returning from the Rio de Janeiro State. Laboratory confirmation of Dengue is by detection of virus either in acute phase blood/serum within 5 days of onset of symptoms or detection of specific antibodies in convalescent serum 6 days or more after onset of illness.

Further country-specific information on disease outbreaks and infection risks may be obtained from the HPS Travel Health site www.TRAVAX.nhs.uk. This is a password-protected site for health professionals. Staff requiring a password should contact travelteam@hps.scot.nhs.uk

Anti-TB drugs - free

A recent NHS circular, CEL (2007) 9, advised all NHS health boards of a new provision to allow medication for the treatment of Tuberculosis (TB) to be supplied to patients free of charge with effect from October 2007.

Until that time patients were required to pay prescription charges unless entitled to free prescriptions under the term of the National Health Service (Charges for Drugs and Appliances) (Scotland) Regulations 2007, or the National Health Service (Travelling Expenses and Remission of Charges) (Scotland) Regulations 2003.

The regulation amendment coming into force with effect from 1st October 2007 removes the requirement to pay prescription charges for TB medication, thus removing any perceived financial barrier to complying with prescribed treatment, which will need to continue over a period of at least 6 months. This is important as taking anti-TB medication intermittently or for too short a time can result in the development of drug resistance, which can make the disease harder to treat and significantly increase a patient's risk of long-term complications and of passing the infection to others.

The drugs used to treat patients with TB are specified in Schedule 4 to the National Health Service (Charges for Drugs and Appliances) (Scotland) (No.2) Regulations 2007; it details the specific antibiotics associated with the treatment of TB. The supply of medicines not related to the treatment of TB remains chargeable for patients who are not exempt.

www.sehd.scot.nhs.uk/mels/CEL2007_09.pdf

E-learning grant scheme

A grant scheme has been developed to facilitate the take-up and completion of the self-directed e-learning training package, 'Promoting Effective Immunisation Practice', and to encourage vaccinators to become mentors. The grant scheme is available to fund study-time for individuals who register **and** fully complete the course within 6 months. It is also available to individuals already registered if they complete the course by the end of September 2008. A training grant of £360 will be made to the individual's employer as a contribution to backfilling **or** to pay the individual directly for taking the course in their own time. All funds will be paid through employers to ensure tax and NI contributions.

Contact Dr Gillian Penrice, Consultant in Public Health Medicine, PHPU, at Gillian.Penrice@ggc.scot.nhs.uk or call 0141 201 4917 for more information and an application form.

Antenatal syphilis testing

All pregnant women are offered screening for 4 communicable diseases - HIV, Hep B, syphilis and immunity to rubella. This is normally carried out at the antenatal booking visit.

Previously two samples were required: Rubella, HIV and hepatitis B screening tests were sent to the West of Scotland Specialist Virology Centre, Gartnavel General Hospital, and samples for syphilis screening were sent to each of the hospital bacteriology laboratories in Glasgow.

From April 2nd 2008 antenatal screening for the 4 communicable diseases will be carried out on the **one sample** sent to the West of Scotland Specialist Virology Centre at Gartnavel General Hospital. This change applies to the PRMH and SGH; the **QMH will not make the switch at this time due to technical delays with the HISS electronic request system. Staff taking 'booking bloods' at QMH and the associated community clinics should continue to send antenatal syphilis samples to the local bacteriology laboratory until further notice.**

Staff are asked to fill **one 9ml purple topped EDTA bottle** and send this with the antenatal communicable diseases screening request form - which will not change at this time - to the Virus Laboratory, Gartnavel General Hospital. Even if a woman does not request all 4 tests, one 9ml purple topped EDTA bottle must be used. Staff should not send two 5ml bottles, or other combinations to make up to 9 ml, as the machines in the lab won't accept them and the sample will not be processed. 9ml EDTA bottles can be sourced from the stores below.

Nth. Glasgow (Cedar Code 40864) : Victoria Inf. (Item no. 4455036) : Leverndale Stores (Item no.807603)

Please note these changes apply only to Glasgow maternity units.

Immunisation seminars

The PHPU department is intending to host half-day seminars for staff involved in vaccinating children who wish to update their skills.

Staff are asked to e-mail Monica Maguire (monica.maguire@ggc.scot.nhs.uk) with topics that they would like included in the seminars or, alternatively, select from the list below one or more subjects they consider should have priority.

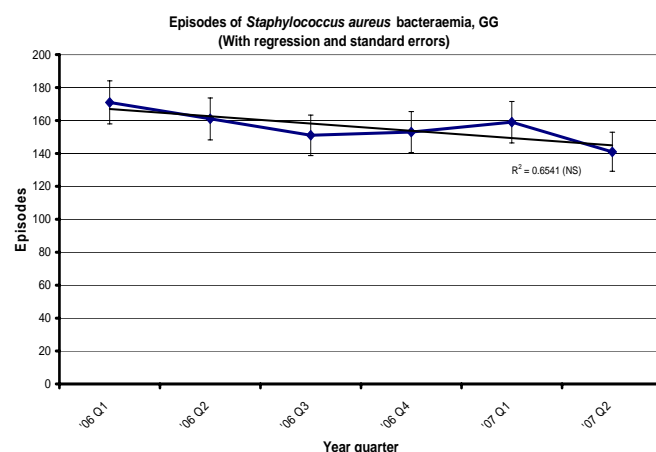
Seminar topics:

- Vaccine scheduling and the vaccines that can be given together
- Contraindications and adverse reactions to vaccines
- SIRS and record keeping
- Incomplete vaccination and children arriving in the UK from abroad
- Consent for immunisation
- Communicating with parents /carers
- Needle size
- Sites for immunisation
- Storage of vaccine

Please note that the proposed seminars are *in addition* to the immunisation-update seminars planned for June. Topic suggestions should be made by Friday 25th April 2008 to monica.maguire@ggc.scot.nhs.uk

HEAT target for NHSGG&C

One Healthcare Efficiency and Access to Treatment target for NHSGG&C is a 35% reduction in *S.aureus* bacteraemia by 2010. At present, teams across the Board area are collecting enhanced data (using a data collection form developed by HPS) in order to target not only areas with a high prevalence but also to identify interventions associated with the acquisition of bacteraemia, e.g., central venous catheterisation. NHSGG&C is committed to promoting quality improvement in infection control and is actively promoting the use of the newly developed HPS 'Care Bundles' especially those specifically designed to optimise care with regard to the insertion of venous catheters. So far, NHSGG&C has managed to achieve the trajectory set by the Scottish Government Health Directorates (see graph below). This target, however, remains a challenging one.



Link to information regarding 'care bundles'

<http://www.nhs.gov.uk/content/default.asp?page=s1108>

Link to the full HPS Bacteraemia Report
<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

MRSA screening programme

A pilot screening programme for MRSA will commence in April 2008 in several health board areas including NHS Ayrshire & Arran, NHS Grampian and NHS Western Isles. The initial programme will last for one year and all patients admitted to hospital will be screened for MRSA, backed by £7 million of new investment in 2008-09. The pilot will test the screening model so that adjustments can be made before the programme is rolled out across the whole of Scotland.

Hepatitis C Outreach Project

Local data show that over half of people diagnosed with the hepatitis C virus (HCV) fails to attend hospital services for assessment, clinical management and treatment. The Hepatitis C Outreach Project has been piloted by NHSGG&C for the last two years and aims to provide testing, information, support and initial assessment in the community, and coordinate referral to hospital for treatment. The project has been evaluated by Professor Avril Taylor (University of the West of Scotland) and the final report is available from the 'News and Events' page of the HCV Managed Care Network on the Board's website. www.nhs.gov.uk/hepcmcn

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