

# NHSGG and CLYDE NEWSLETTER

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

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## Infection control study day

An infection control study day will be held on 12<sup>th</sup> September at the Beardmore Hotel, Dalmeir. The event is free and open to all staff working in CHP and Partnerships in NHS Greater Glasgow and Clyde. The programme will cover:-

- managing change
- norovirus
- *Clostridium difficile*-associated diarrhoea,
- Healthcare Acquired Infection (HAI) Task Force
- HAI prevalence survey

If you would like further information or to book a place please call Julie Johnston on 0141 211 3568 or e-mail her at [julie.johnston@ggc.scot.nhs.uk](mailto:julie.johnston@ggc.scot.nhs.uk)

## New infection control website

The NHS Greater Glasgow and Clyde Infection Control Service has developed a website for health-care staff providing information on the prevention and control of infection as well as up-to-date policy and guidance documents. Training modules on current infection control topics can be accessed by clicking on the 'Education and Training' section on the menu.

Topics include:

- Measles, Mumps and Rubella
- Hand hygiene
- Outbreaks
- Standard precautions
- *S.aureus* bacteraemia
- Transmission-based precautions
- Care bundles
- MRSA
- Admission assessment
- *C. difficile*
- Decontamination



Patient information leaflets on current topics can be downloaded with several available in different formats and languages. [www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)

## Chlamydia - missed the point

Please note that there was an error in the chlamydia testing article in last month's newsletter. The proportion of Glasgow city residents tested was 6.2% and not 62% and 1.7% and not 17% of South Lanarkshire residents.

## Yellow fever vaccine training

As part of the Yellow Fever Vaccination Centre (YFVC) programme being delivered on behalf of the Scottish Government, Health Protection Scotland (HPS) is introducing mandatory training requirements for designated YFVCs in Scotland. HPS is now at the stage of rolling out a training programme across Scotland (see details below). The one-day training will start in January 2009 and the cost of £85 includes training materials, refreshments and lunch.

Please note that each Yellow Fever Vaccine Clinic (YFVC) is required to send one member of staff (doctor or nurse) to train every **two** years.

From September 12<sup>th</sup>, an application form for this training will be downloadable from the HPS website [www.hps.scot.nhs.uk](http://www.hps.scot.nhs.uk)

### Venues and Dates 2009

#### Glasgow

Mon 12th Jan 2009

Education Centre, St Margaret's Hospice, Clydebank

#### Aberdeen

Tues 3rd Feb 2009

NHS Education for Scotland, Forest Grove House

#### Edinburgh

Wed 11th Feb 2009

St Colm's International House

#### Dundee

Fri 20th Feb 2009

NHS Tayside, Kingscross Health Board

#### Dumfries

Tues 3rd Mar 2009

Browne House, Crichton University Campus

#### Inverness

Wed 18th Mar 2009

The Netley Centre Education Suite, Highland Hospice

Places will be limited to one per centre and on a first-come-first-served basis, but additional places may be available at a later date. Staff who attend the training are expected to cascade information to other relevant colleagues within the YFVC. Centres whose nursing/medical staff have not attended training by August 2010 will be reviewed and designation status may be withdrawn.

From January 2009, staff from centres looking to become registered will need to attend training **before** application can be fully processed.

If you want to receive this newsletter electronically please e-mail your details with NEWSLETTER in the subject line to [PHPU@ggc.scot.nhs.uk](mailto:PHPU@ggc.scot.nhs.uk)

## MMR - 'It's never too late'

The Chief Medical Officer, Professor Liam Donaldson, recently sent out a letter outlining an MMR catch-up campaign for England. The aim is to target those aged 13 months to 18 years who are either unimmunised or under-immunised for their age. The risk of an outbreak of measles is particularly great in London. There are no plans to extend the campaign to Scotland as MMR-uptake rates have been higher here than in many parts of England in the last decade. The risk of measles is therefore lower, particularly when compared to areas that have had sustained lower levels of uptake, as in some London areas.

Nevertheless, recent outbreaks in Scotland demonstrate that public health cannot be complacent and that individuals who are unimmunised or under-immunised remain at risk of disease. None of the measles cases in Scotland in 2008 had received two doses of MMR vaccine and not all were aware of close contact with another measles case demonstrating that if measles is circulating, certain individuals are at high risk of being infected.

In view of this, the PHPU is keen to remind staff the MMR-uptake initiative, "It's never too late", which is already in place in Scotland. Launched in 2006, its aim is to encourage parents of children aged 2yrs-6yrs who are not fully protected against measles, to have them vaccinated with MMR, even if beyond the recommended age.

Practices should order supplies extra to the SIRS call from the local vaccine holding centre in the usual manner.

It's envisaged that MMR vaccination be opportunistic e.g. when a child presents for other vaccines, or proactive e.g. through contacting parents of children identified by SIRS as unimmunised or under-immunised. Practices can obtain a list of these children from the Screening Department at Templeton Business Centre, 0141 277 7616.

Posters and leaflets for this initiative are available from Health Scotland

[www.healthscotland.com/documents/1473.aspx](http://www.healthscotland.com/documents/1473.aspx)

## Changes to MMR vaccine

Sanofi Pasteur MSD is replacing MMRII<sup>®</sup> vaccine with MMRvaxPro<sup>®</sup>. The formulation and presentation of MMRvaxPro<sup>®</sup> is different from MMRII<sup>®</sup> but contains the same strains and has comparative immunogenicity and tolerability.

The new presentation contains;

- one vial of vaccine for reconstitution
- one pre-filled syringe of diluent.
- two needles
  - one for preparing the vaccine
  - one for administration

The new vaccine will be available this month when supplies of MMRII<sup>®</sup> are exhausted. The Summary of Product Characteristics and Patient Information Leaflet can be accessed at [www.medicines.org](http://www.medicines.org).

Staff should note that MMRvaxPro<sup>®</sup> and Priorix<sup>®</sup> can be used interchangeably within the schedule.

## MMR & autism - another nail...

Researchers at Columbia University in the USA, (including original members of Dr Wakefield's team who first raised the issue of a possible link between MMR and autism), have completed a study that examined whether traces of measles virus could be found in biopsies taken from the gut tissue of children who were undergoing the procedure as part of their medical care. Twenty five children with autism were included in the study and 12 non-autistic children (controls).

Using the most up-to-date molecular techniques, only two cases showed any evidence of measles RNA, one in a child with autism and one in a control. This is a further significant finding against the very core of Dr Wakefield's theory.

*Ref: Lipkin I et al, (2008), No connection between MMR vaccine and autism, Public Library of Science online*

## Needles and Infanrix-IPV+Hib

Please note that needles are required for Infanrix-IPV+Hib. The batches of Infanrix-IPV+Hib being supplied have either different needle combinations or no needles at all. In advance of delivery of vaccine, practices should ensure there is a supply of needles for the preparation and administration of the vaccine. Needles are not supplied by the vaccine holding centres and should be ordered in the usual way.

It is recommended that for Infanrix-IPV+Hib a separate needle is used to transfer the content of the syringe into the Hib vial (green 21G 38mm needle is normally used) and the appropriate needle used for administration (see 'Green Book' p 29-30 [www.dh.gov.uk/greenbook](http://www.dh.gov.uk/greenbook)). A 25mm needle is preferable and 23G gauge (blue) needle is appropriate for pre-school booster (PSB) vaccine.

### NB: Infanrix/IPV and Repevax

When Infanrix-IPV+Hib becomes available, practices should not destroy supplies of Infanrix/IPV and Repevax. These vaccines should be retained within correct cold chain conditions until required again in 2009.

## HPV and the Yellow Card

The routine immunisation programme for HPV vaccine, Cervarix, is commencing across the UK. Many adolescents will be immunised over a relatively short time in the coming months, and it's important to monitor the safety of the vaccine. Staff are asked to report, via the Yellow Card scheme, any adverse drug reactions (ADR) that they suspect might have been caused by Cervarix. Online reporting is encouraged, [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk), otherwise paper Yellow Cards are available in the BNF.

## HPV and latex allergy

Immunisation staff are advised that some pre-filled syringes may contain latex proteins in the tip cap and/or rubber plunger of the syringe and in the stoppers of some vaccines supplied in vials. Those with a history of anaphylaxis to latex should not be vaccinated from affected vials/syringes, and staff should contact Pharmacy/PHPU 0141 201 4824 /4917 for further advice.