

NHSGG and CLYDE NEWSLETTER

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Flu vaccine for health staff

Health and social care staff directly involved in patient care need to be vaccinated not only to avoid getting flu but more importantly to prevent spreading the infection to vulnerable patients/residents in their care.

From the 29th September 2008, the Occupational Health Service (OHS) will be offering flu vaccination to all NHS staff. An OHS helpline **0141 201 0455** will operate from Monday - Friday, 8.30am - 4pm providing details on the location and times of clinics.

Clinics will operate 9am - 4 pm, Monday to Friday within the following sites - William Street Clinic, GRI, WIG, SGH, RAH, Dykebar, IRH with clinics also being planned in RHSC (Yorkhill) and many other areas. Further information is available on the staffnet. The OHS will provide 2 roving teams, North and South, covering the ward areas, dining rooms and outlying areas from where access to local OH departments is difficult. The South team will cover south Glasgow and the Clyde area.

Flu vaccine 2008/9

Distribution of flu vaccine for this season will start on the 4th October with most of the vaccine delivered to GP practices by the end of the month. No problems with supply or distribution are expected.

Although some influenza vaccines contain thiomersal, the influenza vaccines being distributed for the 2008-09 season are all **thiomersal-free**. (Thiomersal-free vaccines are recommended for pregnant women and children).

The influenza chapter (19) in the Green Book been updated and can be downloaded from:

http://www.dh.gov.uk/en/PublicHealth/HealthProtection/Immunisation/Greenbook/DH_4097254

SGH - BCG clinic change

Health visitors should note that from January 2009 the BCG clinic for 'at-risk' new born babies currently based at the SGH paediatric out-patient clinic will transfer to Govanhill (Sandyford South Community Clinic). The clinic will be on the third Thursday of the month 9.30am-12.00pm. Appointments will, as before, be made by the maternity staff prior to the babies' discharge.

Confirmed rubella in Scotland

Health Protection Scotland (HPS) is aware of four confirmed cases of rubella in Scotland in 2008 to date. This is an increase on recent years, as there were no confirmed cases in 2007 or 2006 and four confirmed cases in 2005, two of which were acquired abroad. All four of the 2008 cases are thought to have been acquired in Scotland. The cases comprise:

- infant aged 11 months (too young to be vaccinated)
- male aged 24 yrs (unvaccinated)
- female aged 34 yrs (? unvaccinated)
- child aged 6 yrs (daughter of the above - 1 MMR in 2003 abroad)

The individuals were resident in three different NHS Boards and the cases occurred over several months. All appropriate public health action has been taken by the Boards involved and there is not thought to be any implications for pregnant women. Although a large number of cases of rubella are not predicted, the current cases illustrate that rubella virus is present in Scotland. Clinicians should consider rubella in individuals with consistent clinical presentation particularly if unvaccinated. Vaccination with either MMR or other rubella-containing vaccines provides excellent protection against rubella; approx 95% after one dose and 99% after two doses. The group at greatest risk of complications is unvaccinated pregnant women, as the impact of rubella infection on unborn children can be great.

Infanrix-IPV+Hib

Current supplies of the 5-in-1 vaccine (Infanrix-IPV+Hib) for pre-school boosting were produced for the global market which is why the packaging is different and there is an English over-label. Please note that the vaccine is supplied in **two** parts: -

- a pre-filled syringe with DTP/IPV (milky liquid)
- a Hib vial (powder)

The PHPU has been made aware of the risk of overlooking the Hib vial which comes in a separate box. Its content should be reconstituted with that of the pre-filled syringe. If the Hib component is not mixed and administered, the child should be recalled for Hib/MenC (no minimum time interval is required).

***C. difficile* and care homes**

A leaflet on how to avoid *Clostridium difficile* infection for clients of, and visitors to, care homes has been published and is available on the Health Protection Scotland website <http://www.documents.hps.scot.nhs.uk/hai/sshaip/guidelines/clostridium-difficile/cdiff-carehome-info-2008-09.pdf>

Hib/MenC recall system

Immunisation staff should note that SIRS has now been programmed to recall children who miss their appointment for Hib/MenC. In the past staff were required to recall these children locally as the national system did not recall automatically.

PEP for HIV - new guidance

The Expert Advisory Group on AIDS (EAGA) has recently published revised guidelines on the use of post-exposure prophylaxis (PEP) for HIV following occupational exposure. The *HIV Post-Exposure Prophylaxis: guidance from the UK Chief Medical Officers' Expert Advisory Group of AIDS*, published by the UK Department of Health, should be read in conjunction with the NHS G&C needlestick-injury policy.

This new EAGA document replaces both the guidelines issued in February 2004 and the interim update following the withdrawal of Viracept (nelfinavir) issued in July 2007.

There have been several sections clarified and amended, together with the addition of a new annex (Annex H), which summarises the evidence from animal and clinical studies on the maximum interval between exposure and starting PEP.

Summary points:

- PEP should be initiated as soon as possible after the exposure, ideally within an hour. It is not generally recommended after 72 hours post-exposure.
- The recommended follow-up period after occupational exposure to HIV has been shortened and is now a minimum of 12 weeks after the HIV exposure or, if PEP has been taken, a minimum of 12 weeks from when PEP was stopped. Testing 6 weeks after exposure is inconclusive
- The PEP regimen for starter packs has been revised and simplified.
- The guidelines have clarified the implications of current human tissue acts and mental capacity acts with regard to testing incapacitated source (adult) patients for serious communicable diseases without consent.
- A recommendation for good practice is that hospitals should have capacity to obtain a source patient HIV test result within eight hours (ideally) and no longer than 24 hours after blood is obtained. This is to minimise healthcare workers' exposure to PEP drugs where the source is found to be uninfected.
- Prevention of avoidable exposure is crucial

HPV and school-leavers

Staff will be aware that the HPV Programme, which started in Scotland in September, is targeting Secondary 2 girls and is being mainly delivered through schools. Reports to date suggest that the programme is going extremely well with very good coverage. For the first two years of the campaign there will be a catch-up programme for older girls from Secondary 3 to Secondary 6. Some of these girls will have already left school and the Board's plan was to write and advise them to go to their own GP for vaccination. In the meantime, the Board expected an agreement between the Scottish Government and the Scottish GPC nationally. However, a letter from the Scottish Government on the 26th September advised the Board that such an agreement had not been possible and that there was no further plan for national negotiation on this matter. The Scottish Government further advised the Board that local arrangements should be put in place to deliver immunisation to older girls not at school.

All GPs should have received an HPV LES specification from the Primary Care Support Services. Of the GPs who responded to the Board's request to opt-in, over 60% agreed. However, following the latest letter from the Scottish Government, the Board plans to write again to GPs providing another opportunity for them to opt-in.

The Board will decide about alternative local arrangements, as soon as it receives the GPs' responses. Where a GP decides not to opt-in, the Board will write advising the patient of her GP's status and detailing where she should attend for vaccination.

Please note that the new HPV chapter in the Green Book (18a) has been recently updated (September) and can be downloaded from:

http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH_4097254

SIRS schedules not up-to-date

Due to late return of immunisation data, compounded by staffing and resource difficulties within the Screening Department, the immunisation schedules issued for the first two weeks in October may not contain up-to-date immunisation histories.

Should health visitors/practice nurses be in any doubt about the accuracy of the immunisation schedules, they are advised to contact the Screening Department (0141 277 7616). All immunisation data has since been updated and is recorded on SIRS.

Staff are reminded that immunisation returns should be **posted** to the Screening Department and not put into the Envopak (black bag) system as this can cause delay.

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