

# 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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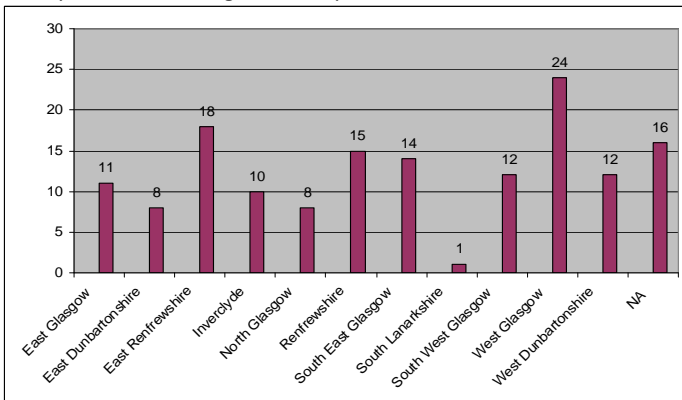
December 2008/January 2009

## E-learning course uptake

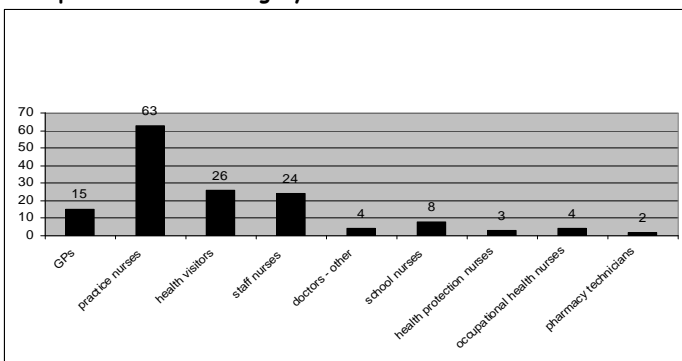
The e-learning immunisation course has proved popular with encouraging uptake and completion rates among primary care staff.

The charts below give the rates by CH(C)P and by professional group.

Completed e-learning course by CH(C)P at 1<sup>st</sup> Dec 2008



Completion of e-learning by NHSGGC staff at 1<sup>st</sup> Dec 2008



If you would like to register for the e-learning course then please contact Dr Gillian Penrice (CPHM) PHPU for an application form: [Gillian.penrice@ggc.scot.nhs.uk](mailto:Gillian.penrice@ggc.scot.nhs.uk)

## BCG - SGH clinic moving

Health visitors and practice nurses should note that from January 2009, the monthly BCG clinic currently based at the SGH will move to Govanhill. Prior to discharge, maternity staff will refer newborn 'at risk' babies to the PHPU for appointments. Community staff wishing to check on appointments should call the PHPU on 201 4538/4518.

## Measles in England and Wales

Latest confirmed laboratory figures for measles in England and Wales during 2008 now total 1049 cases. This is the highest figure since the current method of monitoring was introduced in 1995.

The rise is due to relatively low uptake of MMR vaccine during the past decade, This leaves a large number of children susceptible, increasing measles (and mumps and rubella) transmission among unvaccinated and partially vaccinated children. A mathematical modelling exercise undertaken by the Health Protection Agency found a real risk of a large epidemic in the region of 30,000 - 100,000 cases, the majority being in London.

Measles is highly infectious and can be passed on without direct contact with a case before the rash appears. Measles can also lead to serious complications such as pneumonia and encephalitis, even in healthy children.

In August of this year, Sir Liam Donaldson, the Chief Medical Officer for England and Wales announced an MMR catch-up programme. **The main priority group is the group aged between 13 months and 18 years who have never been vaccinated.** The priority groups for those who have been partially vaccinated have been listed in the following order:

- Children aged 3 years 7 months to 11 years
- Children aged 12-18 years
- Individuals over 18 years leaving school who go onto higher education or other further education establishments

There is no formal catch-up campaign in Scotland as uptake figures for MMR are better than English and Welsh counterparts. However, there is no reason for complacency and the PHPU would encourage all GPs to offer opportunistic MMR vaccination to those within the priority groups (especially unvaccinated children) above.

## Provisional uptake-rate of HPV

At the 1<sup>st</sup> December 2008, the 'very provisional' uptake rate of 1<sup>st</sup> dose HPV in NHSGG&C for the S2, S5 and S6 schoolgirls was 88.4%, which is the 'very provisional' average rate of uptake in Scottish Health Boards.

**Please note that the catch-up campaign for school-leavers will commence in Mid January 2009. All girls eligible for the vaccine will be contacted directly by the Board.**

## Invasive group A streptococcus

Group A streptococcus can cause a wide range of illnesses from non-invasive disease such as pharyngitis/tonsillitis and impetigo to, less commonly, severe invasive infections such as bacteraemia, toxic shock syndrome and necrotising fasciitis.

Asymptomatic carriage of streptococci is common with prevalence being 5-30% in the general population. Person-to-person spread is by droplet infection or direct contact with a carrier. The incubation period is 1-3 days.

People at increased risk of invasive disease are those:

- aged over 65 years,
- recently infected with chickenpox,
- with HIV infection
- with diabetes
- with heart disease
- with cancer
- receiving high-dose steroids
- using intravenous drugs

Intervention by public health authorities is undertaken in specific cases of invasive group A streptococcal disease (iGAS). These include Toxic Shock Syndrome, necrotising fasciitis and bacteraemia with no obvious focus or an identified focus which is normally a sterile site (e.g. CSF, pleural fluid, peritoneal fluid). Exceptions would include bacteraemia with a clear non-sterile focus such as a penetrating wound, cellulitis or sore throat.

The degree of increased risk to close contacts has been hard to quantify, so chemoprophylaxis is not given routinely. Close contacts of a case of iGAS receive information from the PHPU on signs and symptoms of invasive disease and advised to seek medical attention if such symptoms develop within 30 days of diagnosis in the index case.

Antibiotics are administered to:

- mother **and** baby if **either** develops iGAS in the 28 days after birth
- close contacts with symptoms suggestive of localised group A streptococcal disease such as sore throat or skin infections
- an entire household if there are 2 or more cases of iGAS within a 30-day period

Oral penicillin V is the drug of choice where chemoprophylaxis is indicated although azithromycin is a suitable alternative.

Find more info on the HPA site below:

[http://www.hpa.org.uk/cdph/issues/CDPHVol7/no4/guidelines1\\_4\\_04.pdf](http://www.hpa.org.uk/cdph/issues/CDPHVol7/no4/guidelines1_4_04.pdf)

## PEP guidance now on StaffNet

The NHSGGC guidance, 'Management of Occupational and Non-occupational Exposures to Bloodborne Viruses', is now accessible from StaffNet.

There is a new link under the 'Clinical Info' tab on the front page of StaffNet called 'General Clinical Guidance'. The document can also be accessed from the Infection Control page under 'Guidelines and Documents'

[www.nhsqgc.org.uk/content/](http://www.nhsqgc.org.uk/content/)

This guidance identifies responsible personnel and explains what to do in the event of a needlestick injury or sexual exposure to HIV, hepatitis B and hepatitis C. The source-patient assessment tools are also available to download.

Free Training for NHS and NHS service-partner staff in the implementation of this policy is available. Please contact the Sexual Health Advisors/BBV training team on 0141 211 8634 or at [Jacqueline.Gashajja@ggc.scot.nhs.uk](mailto:Jacqueline.Gashajja@ggc.scot.nhs.uk)

## Festive food tips

The PHPU continues to get frequent reports of foodborne infections including those caused by salmonella and campylobacter. In the GGNHSB 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/poultry separate
- Clean all surfaces and utensils thoroughly after 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 instructions on 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.

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](mailto:marie.laurie@ggc.scot.nhs.uk)