

NHSGG and CLYDE NEWSLETTER

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Screening in pregnancy

All pregnant women are offered screening for four communicable diseases (HIV, hepatitis B, syphilis and rubella) at the first booking visit. The primary aim of this screening programme is to ensure a plan of treatment and management for affected individuals and their babies. It allows treatment to be given which can reduce the risk of mother-to-child transmission, improve the long-term outcome and development of affected children, and ensure that women, their partners and families are offered appropriate referral, testing and treatment. Uptake of ante-natal screening is greater than 95%.

In the year 2007/08, 16 pregnant women were identified as having HIV by the screening programme, only one of whom was previously known to be HIV positive. Five women were detected to be positive for syphilis and 72 women were detected as having hepatitis B virus (HBV). Around 5% of women were not immune to rubella and were advised to have MMR immunisation after they gave birth.

The number of women detected during pregnancy as having HBV has increased significantly over the years from 19 in 1994 to 39 in 2006/07 and now 72 in 2007/08. To prevent vertical transmission from mother to baby, a course of hepatitis B vaccine is commenced in the hospital soon after birth with subsequent doses given at the GP surgery. The Screening Department sends letters to the GP/health visitor and parent when these vaccinations are due (1 month, 2 months and 12 months and pre-school booster).

More information about this and other screening programmes can be found in the Public Health Screening Programmes Annual Report 2007/8 which can be found at www.nhsqgc.org.uk/phsu then click on 'reports'.

Catching up on Hib catch-up

NHSGG&C has 3,400 children eligible for Hib catch-up (i.e., born between 04/04/03 and 03/09/05) who have not yet been called for immunisation. Although the national catch-up programme was planned to end in March 09, the end-date has been extended allowing practices to catch up on the back log. Practices wanting to provide extra clinics to clear the list should contact child health 0141 277 7616.

New pharmacy technician post

Maintenance of the cold chain in vaccine supply, storage and administration is essential to ensure product quality and patient safety. A programme of practice visits across GG&C was undertaken from July to December 2007 and included a review of 423 fridges in 266 practices and branch surgeries. Temperature monitoring, equipment and facilities were the main areas for improvement, with 19% of practices using domestic fridges.

Annual expenditure on vaccines across GG&C primary care is over £5.2 million per annum. A conservative estimate of the cost of vaccines returned from primary care for destruction is around £137k per annum, and increasing.

The introduction of the Human Papilloma Virus immunisation (HPV) programme will significantly increase this financial risk as the cost of a single course of 3 injections is around £240. Although largely a school-based programme, its delivery in 2009/10 will involve some GP practices in the 'catch up'.

Karen Pawelczyk, pharmacy technician, has been appointed on a temporary basis to review storage conditions in primary care. She will review previous guidance, give telephone advice and visit selected premises. The continued support of GP practices is requested to ensure that vaccines continue to be managed in the most cost and clinically effective manner. Practices are encouraged to record every cold chain incident and to contact their vaccine-holding centre for advice on potentially heat/cold damaged stock.

Pre-school booster and Hib

Although Repevax and Infanrix-IPV will be available in the near future, there is no Hib-free pre-school booster (PSB) available at the moment. For those children who have completed the Hib-vaccine course, immunisation staff are advised to use the Hib-containing PSB (Infanrix-IPV+Hib) *even though this will result in an extra dose of Hib.*

NB: Staff are advised not to omit the Hib component from the Infanrix-IPV+Hib preparation as there is no provision for recording the Hib omission on the SIRS immunisation return sheet.

Update on HPV catch-up

The PHPU has written to all girls and young women in the S5 and S6 age groups who are eligible for HPV vaccine but did not receive *any* doses in school. Reasons for this include having left school; being absent on the days that vaccination was taking place; being educated at home; attending a school outside the health board's area.

Target date for completion of catch-up

Girls in this year's S3 and S4 including those S4 girls who leave school this year, will be offered the vaccine from September 2009. The aim is that by June 2010 the NHS Board will have offered this vaccine to *all* girls and young women aged between 12 and 18 years on 1st September 2008.

Recommended schedule for opt-in GPs

Eligible patients of 'opt-in' GPs will be advised to contact their practice to arrange vaccination. The standard schedule for Cervarix is 0, 1-2 and 6 months. However, the Joint Committee on Vaccination and Immunisation (JCVI) has recommended that under certain circumstances the interval between the 2nd and 3rd doses could be reduced to just one month as long as there is an interval of 4 months between the 1st and 3rd doses. Therefore, a schedule of 0, 1-2 and 4 months is recommended so that all three doses can be administered by the end of June 2009 and before the summer holidays.

Appointing for 2nd and 3rd dose

GPs are asked to arrange dates for 2nd and 3rd doses when patients attend for their 1st dose as there will be no automatic recall by the Screening Department.

Central record of vaccination and LES fees

GPs should return 'unscheduled immunisation' forms to the Screening Department after administering each dose of vaccine. This ensures an accurate central record of the patient's vaccination status. Automatic reimbursement through the LES agreement will be activated on receipt of these forms.

Personal vaccination records

Personal vaccination record cards for patients' own records have been sent to GPs.

Ordering and storing vaccine

GP practices can order the Cervarix vaccine from their usual vaccine holding centre. The holding centre is aware of the number of eligible girls registered with each practice and will not supply vaccines for girls not included in the programme. Given the cost of this vaccine, maintenance of the cold chain is essential to reduce any wastage. Last year GPs were provided with a summary report regarding existing storage facilities and recommendations for improvement. Practices are asked to ensure that any recommendations made have been met.

Helpline

A patient helpline 0800 015 0345 10am-4pm Mon-Fri was opened on 26th January.

Those girls whose GPs did not opt-in will be advised by letter of local clinic arrangements.

Five measles cases in Scotland

Health Protection Scotland (HPS) has been informed of five confirmed cases of measles in Scotland in recent weeks.

One *imported* case has been confirmed in Fife in an unimmunised child (rash onset 22nd January) but the four confirmed cases in Dumfries and Galloway appear to have been acquired in Scotland. These comprise two siblings in each of two closely related families (rash onset 4th Jan (family 1) and 9th Jan (family 2) and live in the same locality. None of the cases was vaccinated

These cases emphasise the need for opportunistic MMR vaccination of un-immunised or partially immunised individuals up to the age of 25. Over the age of 18 months 2 doses of MMR can be given 1 month apart. A 3-month gap between doses is recommended for children under 18 months of age.

Posters and leaflets for GPs

GP practices should have received posters and leaflets outlining the updated UK childhood immunisation schedule which now includes the HPV regime for girls at age 12-13 years. Staff should note that all new publications will be available in the PERL Publications Directory on-line at: www.phru.net/perl

MenC - German packaging

Since November 2008 the MenC vaccine being distributed for use is Menjugate vaccine, manufactured by Novartis Vaccines. This stock was originally destined for the German market.

This vaccine is identical to the UK licensed product but it is presented in different packaging. The packaging clearly states 'MENJUGATE® KIT' on the front of the box. It is a single-dose pack in the same presentation as the Menjugate vaccine currently available in the UK. Each pack of the stock supplied since late November will contain the UK package insert. Please note that the stock is licensed for use within the UK.

Updated PGDs

Circulation of updated PGDs for Repevax, MMR, Revaxis, BCG and Pediacel has now started. A 6-month extension to the Infanrix -IPV+Hib PGD has been arranged to cover those children not yet called for the catch-up Hib (see overleaf).

New staff join the PHPU

The PHPU welcomed Dr Eleanor Anderson, consultant in public health medicine, and Sarah Graham, blood-borne virus project manager, to the team in early January. Eleanor's remit includes meningococcal disease, pandemic 'flu and Hep C. Sarah will focus mainly on Hep C, and HIV in the future.

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