

NHSGG and CLYDE NEWSLETTER

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INSIDE THIS ISSUE

- Pregnant women and lambs
- Hand hygiene update
- HIV Proposed Action Plan
- New vaccine on horizon
- US court rules on autism link
- HPV catch-up - update
- Hep A&B vaccine for IDUs

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Pregnant women and lambs

Pregnant women who come into close contact with sheep during lambing may be risking their health and the health of their unborn children. This is because infections such as chlamydia (enzootic abortion of ewes - EAE), toxoplasmosis and listeriosis - all common causes of abortion in ewes - can be passed on to them.

While the number of reported infections and human miscarriages resulting from contact with sheep is extremely small, pregnant women need to be aware of the potential risks. If they do become ill, experience fever or influenza-like symptoms, and are concerned that they could have acquired infection from a farm environment, they should seek immediate medical advice.

On 6 February, the Scottish Chief Medical Officer issued a seasonal notice advising pregnant women to avoid close contact with sheep during the lambing season. www.scotland.gov.uk/News/Releases/2009/02/06150953

The CMO advised that, in particular, they should not help to lamb or milk ewes avoid contact with aborted or newborn lambs or with the afterbirth wherever possible avoid handling clothing, boots etc. which have come into contact with ewes or lambs, or if they must, wear rubber gloves

The UK Department of Health advisory leaflet, While you are pregnant: How to avoid infection from food and from contact with animals, is available, free of charge to general medical practitioners and midwives from: Sarah Conlon Scottish Government CMO and Public Health Directorate 0131 244 2501 or Sarah.conlon@scotland.gsi.gov.uk

Men C and batch numbers

Immunisation staff should be aware that it is not uncommon for medicines that are presented as two separate preparations contained within an outer carton to have one batch number on the carton and different batch numbers on the vials inside. This can happen with vaccines where a pre-supplied diluent is added to the active ingredient prior to administration. The two components will likely as not be made in different manufacturing facilities, and it's possible that diluents are made by a third party manufacturer with the final product assembled and packaged in another plant.

Please note that the batch number on the carton is the number to be recorded on the SIRS form and is the one used if there is a medicines recall.

Hand hygiene update.

NHS GG&C achieved a score of 92% compliance in the latest National Audit period, reported to the Scottish Government Health Department.

There has been a 30% improvement since official reporting began which is testament to the efforts of all frontline staff.

To date 245 audits have been completed for Board reporting by the local coordinator. To help maintain this improvement, training sessions are being carried out by the Infection Control Team in the use of an audit tool designed for local clinical areas. At present the focus is on acute clinical wards following initial sessions carried out in 2008. The audit tool will enable staff to monitor their own compliance and assist them to sustain their own levels.

235 staff have currently completed these sessions which are being carried out in conjunction with colleagues from the Clinical Risk Management under the joint aims of the Hand Hygiene Campaign and the Scottish Patient Safety Programme.

Hand hygiene is vital as it underpins the many elements of the Infection Control programme and is the common factor across all professions.

For further info on this please contact stefan.morton@ggc.scot.nhs.uk

Copies of National Reports are available at <http://www.hps.scot.nhs.uk/haic/ic/publications.aspx>

HIV - proposed action plan

HIV transmission is increasing in Scotland with 453 new cases of HIV infection reported in 2007, the highest since the early 1980s. There is evidence that most transmissions occur from those who are undiagnosed or diagnosed but not on treatment.

The Scottish Government has recently produced a draft **HIV Action Plan for Scotland**, highlighting the need for focused action across Scotland with the aim of reducing HIV transmission and ensuring that those living with HIV achieve optimal health and well-being.

The draft Action Plan is currently out for consultation and copies can be downloaded at:

<http://www.hps.scot.nhs.uk/news/spdetail.aspx?id=187>

Comments to be returned by 31st March to: hivplan@scotland.gsi.gov.uk

New vaccines on the horizon

An interesting article by Steve Ford appeared in the Nursing Times on 27th January 2009. In it he outlined four products currently being considered which will protect against RSV (Respiratory Syncytial Virus); zoster; meningococcal B and rotavirus. Vaccines against chickenpox are already licensed and waiting for the call. Below is a summary of this article.

Varicella

Two vaccines for varicella are licensed for use in the UK. The government has so far stopped short of recommending their addition to the routine immunisation schedule but this could be about to change.

The Joint Committee on Vaccination and Immunisation (JCVI) is scheduled to report its findings on introducing the vaccine for all children later this year. A primary focus for analysis will be the current burden of the disease on the NHS.

Zoster

There is a view that zoster vaccine, to protect the elderly from shingles, should be introduced either with varicella vaccine or even before it.

Meningococcal B

A Men B vaccine is currently being developed by Novartis. The vaccine could potentially protect against 80% of meningococcal B strains, which account for 90% of the 1,800 cases of meningitis recorded in the UK each year, and around 180 deaths annually. It could be ready to be considered for inclusion in the childhood immunisation programme within the next two or three years.

Rotavirus

There are currently two vaccines - Rotarix, which is manufactured by GSK, and RotaTeq, developed by Sanofi Pasteur MSD. Both have been shown in trials to offer significant protection against the five rotavirus types that cause more than 98% of rotavirus diseases in Europe - G1, G2, G3, G4 and G9.

Implementation of a rotavirus vaccination programme could substantially reduce the incidence of childhood diarrhoea. But the JCVI's own subgroup on rotavirus has admitted to having 'differing views on whether rotavirus vaccination should be recommended in the UK'.

Respiratory Syncytial Virus

RSV is the leading cause of lower respiratory tract infection in infants and can lead to hospital admission, particularly in babies who are premature or have chronic lung disease or congenital heart disease. A JCVI subgroup is set to assess the possible introduction of palivizumab, to protect children against RSV.

The NHS Health Technology Assessment on palivizumab, carried out by Birmingham University and published recently looked at 3 systematic reviews and 18 studies. Although the product was noted to halve admissions among the 3 groups of high-risk children, the assessment concluded it did not represent good value except for premature babies with one or both of the other conditions (lung disease and congenital heart disease).

US court rules on autism link

The US Court of Federal Claims in Washington has denied damages to three families who had alleged that childhood vaccines caused their children's autism.

The decision, made on 12th February, covers sentinel cases affecting a portion of the more than 5500 claims filed by families seeking payment through the federal Vaccine Injury Compensation Programme.

One of the 3 judges, George Hastings, said in the ruling, "The numerous medical studies concerning these issues, performed by medical scientists worldwide, have come down strongly against the petitioners' contentions."

He also wrote, "Considering all of the evidence, I found that the petitioners have failed to demonstrate that thimerosal* - containing vaccines can contribute to causing immune dysfunction, or that the MMR [measles, mumps, and rubella] vaccine can contribute to causing either autism or gastrointestinal dysfunction."

The evidence for connecting autism with vaccination "is weak, contradictory, and unpersuasive," concluded another judge, Denise Vowell: "Sadly, the petitioners in this litigation have been the victims of bad science conducted to support litigation rather than to advance medical and scientific understanding."

In arriving at their decision, the 3 judges considered 5000 pages of testimony from experts and 930 medical articles. The author of one of the rulings said he had deep sympathy for the parents but said they were misled by doctors guilty of gross medical misjudgment.

The Department of Health and Human Services, which is the defendant in the cases, hailed the rulings hoping parents would be reassured that vaccines do not cause autism. Dr Paul Offit, chief of infectious diseases at the Children's Hospital of Philadelphia, understood that many parents had been scared by the controversy, but believed that those who refused to vaccinate their children contributed to a 12-year high in measles cases last year and a recent outbreak of bacterial meningitis.

* thiomersal

HPV catch-up - update

Females born between 1st September 1990 and 28th February 1993 who *have left school* are advised to phone a helpline **0800 015 0345**, between **10am and 4pm Monday - Friday**, if they have not heard from the Board about their vaccination arrangements. Females in the above age group and *still at school* should have received HPV vaccine through the school. Anyone who missed doses at school is also advised to phone the above helpline.

Hep A&B vaccine for IDUs

GPs should note that patients **aged 18 years and over** who require immediate protection against Hep A/B or are unlikely to comply with the standard schedule e.g., IDUs, can receive an accelerated Hep A&B vaccine (Twinrix) schedule at 0, 7, 21 days with a booster at 12 months.

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