NHSGG and CLYDE NEWSLETTER

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Public Health Protection Unit www.nhsggc.org.uk/phpu

Merry Christmas & Happy New Year

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H1N1 vaccination programme

The H1N1 vaccination programme is underway across Greater Glasgow and Clyde.

There are a few current key issues to which your attention should be drawn:

Children with physical disabilities

Children with significant physical disability, particularly due to chronic neurological problems, are particularly at risk from the complications of H1N1 infection. Therefore they form an important priority group for H1N1 vaccination. CH(C)Ps are working with local GP practices and education authorities to identify and target these children for vaccination.

- Practices which have children with significant physical disabilities on their lists should call them for vaccination as a priority
- Any staff in contact with this group of children, through work in other areas, should encourage them *and their parents* to contact their GP to arrange vaccination

Egg-free vaccine

The egg-free Baxter vaccine – Celvapan – is now available for ordering from the Vaccine Distribution Centres. GP practices are encouraged to order this vaccine as required

Local reactions at injection site

The PHPU has been informed of a number of moderate local reactions following H1N1 vaccination. Practitioners are reminded that this vaccine should be given by the *intramuscular* route to minimise such reactions

Information and educational resources

A range of resources is available on the intranet and internet to help support staff in delivering the H1N1 vaccination programme.

- Info. for staff on vaccination sessions (intranet)
- NHSGGC flu microsite (internet) including:
  - Green Book chapter – essential reading for staff delivering the vaccination programme
  - Copies of training seminar presentations
  - H1N1 vaccination video – this shows how to draw up and give the vaccines
  - Q&As for Primary Care, Occupational Health and Maternity staff
  - Information on H1N1 vaccination in pregnancy
  - Copies of posters and leaflets

www.nhsggc.org.uk/content/default.asp?page=home_h1n1

Patients on low-dose immunosuppressants

One group of patients causing some confusion in terms of 'risk' is the group on low-dose **D**isesae-**m**odifying **a**nti-**r**heumatoid **d**rugs e.g., methotrexate, azathioprine etc.

Non-immunosuppressed patients on low dose DMARDs
The consensus is that unless there is evidence of immuno-suppression from whichever indicators GPs are using to monitor patients, *the non-immunosuppressed patients on DMARDs should receive one dose of Pandemrix. There is no need to vaccinate the household members.*

Immunosuppressed patients on low dose DMARDs
Only patients who are on Methotrexate and/or Azathioprine are likely to fall into the immunosuppressed category. *Patients on DMARDs whose immune system* ***is*** *compromised (based on whichever indicators GPs use) should be given two doses of Pandemrix (3 weeks apart). All household members should be vaccinated.*

Phase 2 – children (6mnths-5yrs)

The Scottish Government has recently announced that in Phase 2 of the programme all children aged between 6 months and 5 years will be offered vaccination. The PHPU will provide staff with further information on this as the details are finalised.

Thank you

The PHPU would like to thank everyone for their ongoing support in delivering the H1N1 vaccination programme.

Chlamydia screening in Clyde

The centralisation of chlamydia testing at Inverclyde Royal Hospital for the Clyde sector and the introduction of the NAAT (nucleic acid amplification test) gonorrhoea test will begin from Monday 7th December 2009. This will bring Clyde users into line with the testing protocol carried out in Greater Glasgow, and will mean that NAAT testing is available to the entire Health Board area.

The current chlamydia test (which has used NAAT technology since 1997) will be replaced by a duplex NAAT incorporating **BOTH Chlamydia AND Gonorrhoea**.

Hep C treatment centre

The Gartnavel Hepatitis Centre is a new, dedicated facility for the assessment and treatment of patients with hepatitis C. The centre integrates activities which were previously carried out within Infectious Disease and Gastroenterology and will be formally opened by Shona Robison MSP, Minister for Public Health & Sport, on 15th December. More info on hep C at www.hepcnet.scot.nhs.uk

Invasive meningococcal disease

Influenza notifications usually rise in winter with an associated rise in reports of invasive meningococcal disease (IMD). This year H1N1 influenza is the predominant strain and the majority of the cases occurring are in children and young adults who happen to also to be in the highest incidence groups for invasive meningococcal disease (IMD). The highest incidence of IMD occurs in infancy with a smaller peak in young adults.

If a GP has clinical suspicion of IMD, parenteral benzylpenicillin should be administered before arrangements for rapid emergency admission to hospital. If there is a history of immediate allergic reaction after previous administration of penicillin, a third generation cephalosporin may be used.

Dosage of IV/IM benzylpenicillin for suspected IMD

Adults and children aged 10 years and over	1.2 grams
Children 1-9 years	600 mg
Children under one year	300 mg

Antibiotic chemoprophylaxis for close contacts

Close contacts are generally defined as people who live in the same household as the case, have stayed overnight in the same household as the case during the 7 days before onset of illness, or who are intimate kissing contacts such as sexual partners. It is only if there are linked cases (e.g. university outbreak) that wider use of antibiotic prophylaxis may be recommended.

The aims of chemoprophylaxis for close contacts are:

- eradicating carriage from established carriers who pose a risk of infection to others
- eradicating carriage from those who have newly acquired the invasive strain and who may themselves be at risk of invasive disease.

It is important to remember that chemoprophylaxis is not always effective, so information should also be given to close contacts on the signs and symptoms of IMD.

Rifampicin is the only licensed antibiotic for chemoprophylaxis for close contacts and is thus by far the most commonly used antibiotic. Ciprofloxacin (for adults and children aged 2 and over) and IV/IM ceftriaxone are both effective for eliminating carriage of meningococci, but less commonly used (see BNF for information on dosage regimes).

Rifampicin dosage regime (twice daily for 2 days)

Adults and children over 12 years	600mg
Children 1-12 years	10mg/kg body weight
Infants under 12 months	5mg/kg body weight

The most up-to-date national management guidelines can be obtained at:

http://www.hpa.org.uk/infections/topics_az/meningo/meningococcalguidelines.pdf

Find information at : -
www.meningitis.org/health-professionals/primary-care/gps
www.meningitis.org/about-us/resource-centre/

HPV update

The table below gives the uptake rates for HPV in 2008/9 in all the Scottish health board areas. The targeted groups were S2,5,6 and the catch-up cohort for that year. The uptake rates are based on immunisations recorded on the CHSP School system and SIRS as at 10th August 2009.

NHS Board	Number of girls in cohort	% uptake of 1st dose	% uptake of 2nd dose	% uptake of 3rd dose
Ayrshire and Arran	4 562	94.4	93.6	90.2
Borders	1 398	96.0	94.7	91.4
Dumfries and Galloway	1 972	95.1	94.4	92.5
Fife	4 519	91.8	90.9	87.0
Forth Valley	3 960	94.5	93.7	91.3
Grampian	6 845	93.4	92.5	89.2
GG&C	**15 218**	**94.6**	**93.4**	**88.7**
Highland	4 324	91.7	90.4	85.2
Lanarkshire *	7 949	90.8	89.2	80.7
Lothian	10 154	93.9	92.8	87.7
Orkney	268	94.0	92.5	89.6
Shetland	319	92.2	92.2	89.0
Tayside	5 178	94.5	93.4	89.0
Western Isles	398	91.5	87.4	81.7
Scotland	**67 240**	**93.5**	**92.4**	**87.7**

* NHS Lanarkshire is delivering the HPV programme to schools in Camglen, however HPV data for Camglen are recorded/shown under NHS Greater Glasgow & Clyde

Hospitalised H1N1 patients

The latest Flu Clinical Information Network data (31/10/09) Flu-CIN 12(02)(01) provides the following data on those patients hospitalised due to H1N1 infection in 2009 in Scotland.

H1N1 hospitalised cases 2009	Adults	Children
Total cases	306	158
Deaths	16 (ages 17-71)	19

- 63 patients (13.6%) had > 1 co-morbidity recorded
- 1.5% were clinically obese
- Of individuals aged >10 years
  - 25.2% were current smokers
  - 9.4% were ex-smokers
- 82.9 % of the children under 5yrs did not have underlying co-morbidities
- 57.9% (77/133) of patients with asthma recorded as a co-morbidity were taking long term inhaled or oral steroids
- Death rate in patients with co-morbidities (4.8%) higher than in previously-healthy patients (3.4%)

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